THE CLINICAL PROFILE AND ASSOCIATIONS OF DELIRIUM IN GERIATRIC PATIENTS WITH HIP FRACTURES

A Dissertation done towards partial fulfillment of the requirements of the Tamil Nadu Dr. M. G. R. Medical University, Chennai for the M.D. (Branch – I) (General Medicine) exams to be conducted in February/ March 2006

BONAFIDE CERTIFICATE

This is to certify that the work presented in this dissertation titled "**THE CLINICAL PROFILE AND ASSOCIATIONS OF ACUTE CONFUSIONAL STATES IN GERIATRIC PATIENTS WITH HIP FRACTURES**" done towards partial fulfillment of the requirements of the **Tamil Nadu Dr. M. G. R. Medical University**, Chennai for the **M.D. (Branch – I) (General Medicine)** exams to be conducted in February/ March 2006, is the bonafide work of the candidate Dr. Anugrah Chrispal, post graduate student in MD (General Medicine). It was carried out in the Department of Medicine, Christian Medical College, Vellore under my supervision and guidance.

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This thesis is dedicated to my beloved brother who is now with the Lord

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INTRODUCTION

Delirium occurs in up to 50 % of all hospitalized geriatric patients and up to 60% of geriatric patient with hip fractures. Studies indicate numerous recurring, potentially modifiable risk factors for delirium. Their findings indicate several common causes, including fluid and electrolyte abnormalities, infection, underlying dementia, drug toxicity, metabolic disorders, and low cerebral perfusion. Environmental manipulation and supportive reorientation seem to reduce the incidence of delirium and benefit acutely delirious patients.

A number of studies have been conducted in the West regarding delirium in geriatric patients with hip fractures but there have been no studies that have been done in India. The Indian patient differs in a number of factors – social support systems, lack of long term care facilities, lack of use of polypharmacy and psychotropic drugs, and probably a younger population base than that of the West. Hence, it is necessary to study the patient profile, incidence and the factors that are responsible for the development of delirium in our population which will then lead to effective interventional programmes that are applicable to the Indian scenario.

AIMS AND OBJECTIVES

AIM

To ascertain the incidence of delirium in geriatric patients admitted for the treatment of hip fractures in the Department of Orthopedics of a tertiary care referral center in South India, to delineate their clinical profile and identify probable contributing factors for development of delirium in this group of patients.

OBJECTIVES

1. To outline the clinical profile of geriatric patients who present with hip fractures to the hospital.
2. To identify factors that may predispose these patients to development of delirium post-operatively.
3. To determine the incidence of post-operative delirium among geriatric patients admitted in the orthopedic wards of Christian Medical College and Hospital, Vellore for the treatment of hip fractures (both neck of femur fractures and intertrochanteric fractures).

LITERATURE REVIEW

Delirium is a mental disorder characterized by disturbances in consciousness, orientation, memory, thought, perception, and behavior, of acute onset and fluctuating course. It occurs in hyperactive, hypoactive, or mixed forms, in up to 50% of elderly hospital inpatients, many with pre-existing dementia, and appears to be independently associated with significant increases in functional disability, length of hospital stay, rates of admission to long-term care institutions, rates of death, and healthcare costs[1].

Despite its clinical importance, delirium is often not detected or is misdiagnosed as dementia or other psychiatric illness even though there are potential strategies (e.g., screening by nurses, risk factor assessment) and instruments that can improve detection and diagnosis. Although there has been limited progress in understanding the etiology, pathogenesis, assessment, and specific treatment of delirium, systematic detection and treatment programs appear to be beneficial for elderly surgical patients, as are preventive programs for elderly medical and surgical patients. Even now, there is probably enough evidence to recommend implementation of these two types of programs in acute-care hospitals.

DELIRIUM IN PATIENTS WITH HIP FRACTURES

The typical hip fracture patient is a woman over the age of 65, and the primary risk factor is trabecular bone loss and diminished bone strength related to postmenopausal osteoporosis. Hip fracture is a good clinical model for the study of delirium because it is a common disease in the geriatric population and the prevalence of delirium is high in this group, ranging from **38% to 65%** in published studies[1, 15, 28]. Hip fracture patients are at increased risk of confusion or delirium due to the trauma associated with the injury and the rapid progression to hospitalization and surgery, in addition to the pain and loss of function experienced.[20] Although surgical repair of the fractured extremity is the cornerstone of therapy, available data suggest that the factors crucial to optimal functional recovery in hip fracture are independent of fracture repair and are instead related to prefracture conditions and post fracture complications.

Findings of the study by Brauer et.al, suggest that delirium in patients with hip fracture may be a different syndrome from that observed in the medically ill, including a different spectrum of causes and a different clinical course, which may in turn have an important bearing in the management of these patients. Several studies have identified specific patient characteristics, medical

conditions and iatrogenic interventions that place individuals at increased risk for the development of delirium. Once delirium develops, the cornerstone for management is treatment of the underlying cause.[1]

Recognition of just some delirious symptoms may be as important as that of the full syndrome.[2] A study conducted by Marcantonio et.al, revealed that pure hypoactive delirium accounted for 71% (34/48) of cases and was less severe than was delirium with any hyperactivity. In this cohort, patients with pure hypoactive delirium had better outcomes than did those with any hyperactivity.[12] Delirium at admission (i.e., prior to surgery) was associated with poorer functioning in physical, cognitive, and affective domains at 6 months post fracture and slower rates of recovery.[20]

Studies have shown that the onset of delirium was *postoperative* (mean 24 +/- 21 h after surgery) in the majority of the patients. The duration of delirium among patients was generally less than 48 h (mean 42 +/- 43 h) [19.] Delirium during the night was most common. Patients with delirium suffered more anxiety, depressed mood, emotionalism, delusions and hallucinations[24.] In various

studies, of those who were delirious preoperatively, majority remained delirious postoperatively.[19]

Preoperative cognitive assessment

Majority of the studies done have been either retrospective or prospective cohort studies on patients with hip fracture with assessment for delirium made using the Mini Mental State Examination (MMSE), Confusion Assessment Method (CAM), Questionnaire of Cognitive Decline in Elderly (IQCODE), organic brain score, a preexisting psychiatric diagnosis and the Barthel Index as measures for assessment of cognitive dysfunction in these patients.[8]

PREOPERATIVE CONFUSIONAL STATES

Gruber-Baldini et.al did a cohort study on 674 patients over the age 65 yrs who had hip fracture surgery and found that 28% had prefracture dementia or MMSE impairment, 8% had cognitive impairment first detected presurgery, 14% had impairment first detected postsurgery, and 50% were not impaired before or during hospitalization.

Incident preoperative delirium / cognitive impairment was more likely in patients who were older, male, alcohol dependent, had lower prefracture mobility, were less educated and had more

prefracture PADL(Physical activity of daily living) impairment, intertrochanteric fractures, abnormal blood pressure, heart failure and higher anesthesia risk ratings.[3,21,26,28] Other risk factors showing statistically significant differences in the univariate analyses were: living in a nursing home, vision or hearing impairment, higher co morbidity, regular use of psychotropic drugs before admission, fracture on admission, preoperative leucocytosis.[16]

PREOPERATIVE FACTORS INFLUENCING POST OPERATIVE DELIRIUM

It is imperative to identify potentially treatable preoperative factors associated with the onset of postoperative delirium to optimize outcome.

PRE MORBID ILLNESSES

Predisposing factors included age, gender, sensory impairments, functional impairment before the hip fracture, premorbid ADL (Activities of daily living) dependency, residency before admission, pre-existing cognitive impairment, psychiatric co morbidities (including dementia), medication use and a high number of other co-morbid problems for the development of delirium.[7]

Role of Pharmacological agents used prior to surgery

One precipitating factor, besides surgery, may be the use of psychopharmacological drugs taken as a regular medication prior to the fall and sometimes during the course of the hospital stay. Some classes of medication as opioids, sedative-hypnotics, and anticholinergics have been consistently identified as precipitating factors in prospective trials.[28] Exposure to anticholinergic medications is independently and specifically associated with a subsequent increase in delirium symptom severity in elderly medical inpatients with diagnosed delirium. Patients delirious before surgery had been treated with drugs with anticholinergic properties (mainly neuroleptics) and had had previous episodes of delirium, and fallen indoors. Patients who developed postoperative delirium had perioperative falls in blood pressure and had more postoperative complications such as infections.[13, 19.]

Anecdotal studies have shown associations of anticonvulsants, antidepressants, antiemetics, antipsychotic, antiparkinsonian drugs and benzodiazepines with delirium in hospitalized patients. H_2 antagonists, corticosteroids and NSAIDs have not been found to have an association with delirium. Four out of twelve studies on the role of opioids and delirium have shown an increased risk (range of adjusted odds ratios 2.54–9.2)[30].

THE ROLE OF UNDERLYING DEMENTIA/ ORGANIC BRAIN SYNDROMES

Predisposing factors for the development of postoperative delirium were older age, cognitive impairment and pre-existing cerebrovascular or other brain diseases. Facilitating factors related to acute confusional state (ACS) were impaired communication and social isolation, e.g. impaired hearing and sight, reticence and passivity.

Delirium in nondemented femoral neck fracture patients is associated with the development of dementia and a higher mortality rate. Patients with preoperative or postoperative delirium should therefore be assessed not only for the etiology of the delirium but also for any underlying organic brain disorder. Questions that remain unanswered are whether postoperative delirium is a marker of undetected dementia and whether postoperative delirium contributes to the development of dementia.[5]

THE ROLE OF LONG TERM CARE FACILITIES AND SOCIAL SUPPORT SYSTEMS

It must be noted that a cultural dimension also plays a role in the development of the premorbid status among patients that we see here in India as compared to the West in terms of care of the elderly and the use of nursing homes and long term care facilities which are

not yet in vogue in India. In certain studies hip fracture patients from LTCF (Long term care facility) were older and had more overall risk factors for hip fracture than community patients. They also had higher rates of dementia, arrhythmia, delirium and anxiolytics use than patients from the community. On admission, LTCF patients had lower serum calcium, phosphorus, and albumin than community patients. Before hospitalization they had a lower ambulatory status than community patients. Post surgery, ambulatory status declined in both groups. However, a "major" change (decline) in ambulatory status occurred more often in LTCF patients.[6]

OTHER FACTORS INFLUENCING THE DEVELOPMENT OF DELIRIUM

In a previous study three variables were significant predictors of a positive CAM score: (a) **normal white blood cell count** (OR, 2.2), (b) **abnormal serum sodium** (OR, 2.4); and (c**) American Society of Anesthesiologists (ASA) physical status >II** (OR, 11.3). The results suggest that preoperative medical conditions (abnormal serum sodium and ASA physical status >II) and an inability to mount a stress response (normal white blood cell count) may influence the patient's postoperative mental status. In particular, abnormal serum sodium and lack of an increase in white blood cell count during the stress of trauma and surgery may be amenable to therapy.[2]

ROLE OF HYPERCORTISOLISM

Hypercortisolism due to different kinds of stress is also probably an important delirium precipitating mechanism that can be prevented both by preventing and treating medical complications as well as by providing an optimal care from the patients´ perspective.[23]

CHOLINERGIC ACTIVITY AND ITS ROLE IN DELIRIUM

In a study of elderly medical inpatients, serum anticholinergic activity levels were independently associated with a diagnosis of delirium. Furthermore, the number of symptoms of delirium also increased with higher serum anticholinergic activity. [30] The origin of serum anticholinergic activity is also unclear. Although serum anticholinergic activity is generally thought to arise from medications or their metabolites, this assumption has been challenged by the finding of elevated serum anticholinergic activity in ill subjects taking no known anticholinergic medications. Whether elevated serum anticholinergic activity is a pathophysiologic mechanism of delirium or simply an epiphenomenon that accompanies the true neuropathology is still in doubt. Nonetheless, studies suggest that serum anticholinergic activity increase may be a reversible phenomenon.

OPERATIVE FACTORS ASSOCIATED WITH DELIRIUM

Surgery may have a stronger impact on cognitive function than environmental change shortly after admission in elderly patients with femoral neck fractures.[18] Precipitating factors included factors related to surgery and to the postoperative period. Factors related to surgery included time between admission and surgery, type of surgery, type of anesthesia, duration of surgery and anesthesia, and complications during surgery.[7]

Timing of Surgery

The timing of surgical repair of hip fracture may affect patient outcomes in two ways. Delay in surgical repair, which causes delay in return to weight bearing, may affect functional recovery. Conversely, failure to stabilize medical problems before surgery may increase risk for perioperative complications. Medical stabilization before surgery is an absolute requirement, and surgical repair may be delayed up to 7 days with no adverse effect on outcome.[27] Patients who would benefit from delay and further medical evaluation have not been well characterized. However, evidence from cohort studies indicates that for medically stable patients who do not have active co morbid illness (such as unstable angina), surgical repair of hip fracture within the first 24 to 48 hours of admission is associated with a decrease in 1-year mortality. [28] If the

choice between conservative medical management and surgical repair is close, surgical repair almost always gives better results. Surgeons choose from among four types of hip repair surgery: pinning, placement of a nail, fixation, and arthroplasty. Early mobilization is imperative to the primary objectives of maximizing functional independence while preventing secondary complications.[27]

ROLE OF CEREBRAL HYPOXEMIA

Cerebral hypoxemia caused by sleep-apnea syndrome, anemia, hypotension, pulmonary diseases, and heart failure can often be prevented and treated.[23] Hypoxia after hip surgery, particularly after femoral neck fracture, is common. In a study on interventional programmes addressing cerebral hypoxia, the incidence of delirium was much lower than reported previously, and it suggested that supplemental oxygen, when indicated and monitored by pulse oximetry, was the cause for the reduction in incidence of delirium.[22]

POST OPERATIVE FACTORS

Factors studied in the postoperative period were slow recovery, malnutrition, dehydration, addition of three or more medications, introduction of bladder catheter, infections, complications and falls, and use of morphine.[7]

Medical complications in Hip fracture patients

It has been shown that medical complications are commonplace among patients with hip fracture. Several issues, including preoperative clearance and related surgical timing, deep venous thrombosis prophylaxis, nutrition, urinary tract management, timing of surgery, infection prophylaxis, prevention and management of delirium, application and timing of rehabilitation services, and prevention of subsequent falls are important in the management of these patients.[25] A close partnership between orthopedic surgeons and clinicians provides the best strategy of care for the subset of patients with multisystem complications.[17] What makes the study of delirium in hip fracture patients important, is delineated by the fact that, in a particular study of 510 patients with hip fracture, 217 (43%) developed at least 1 medical complication, most frequently electrolyte imbalance (11%), urinary tract infection (10%), respiratory failure (10%), and delirium (9%). Patients who developed medical complications had significantly longer mean hospital stays (10 days) and higher mean hospital costs than patients without such complications.[10]

The most systematic classification of cause of delirium was the study of 229 patients, 50 of whom developed delirium during their

hospital stay. Fluid and electrolyte imbalance had a possible role to play in 40% of the cases, infection in 40%, drug toxicity in 30%, metabolic disorders in 26%, sensory and environmental problems in 24%, and low perfusion in 14%. [1]

ROLE OF PAIN IN POST OPERATIVE DELIRIUM

Untreated pain has been shown to increase the risk of delirium in older adults undergoing elective surgery. Avoiding opioids or using very low doses of opioids increased the risk of delirium. Cognitively intact patients with under treated pain were nine times more likely to develop delirium than patients whose pain was adequately treated [9]. Pain was greater for unplanned surgery subjects and in particular for unplanned surgery subjects who succumbed to delirium. Sleep satisfaction was markedly poorer among subjects who experienced delirium.[26]

THE ROLE OF INTERVENTION PROGRAMMES

It has been found that intervention programmes reduce the incidence and duration of delirium and improve functional outcome for elderly patients who have been treated for femoral neck fractures. Successful intervention programs have been multi-factorial and interdisciplinary and have included assessment and treatment of underlying causes as well as prevention and treatment of factors endangering the cerebral metabolism.[23] The intervention

programme consists of staff education, co-operation between orthopedic surgeons and geriatricians, individual care and planning of rehabilitation, improved ward environment, active nutrition, improved continuity of care and prevention and treatment of complications associated with delirium.[11]

Excellent nursing care seems to be a prerequisite for successful prevention and treatment of delirium. Scientific evidence for pharmacological treatment of postoperative delirium per se is still lacking but randomized treatment studies are urgently needed. A combination of nursing and medical intervention seems so far to be the most beneficial interventions with regard to the incidence of delirium and the rehabilitation outcome. If applied, combined intervention programs could probably reduce the suffering and the care and treatment costs for elderly people with hip fracture.[23]

In a randomized, prospective, randomized trial Marcantonio et.al showed that geriatrics consultation reduced delirium by one third, and reduced severe delirium by over half indicating that proactive geriatric consultation and intervention may play a significant role in acute hospital management of hip fracture patients.

In this study the investigators used a ten pronged approached to reduce the incidence of delirium in this group of patients.

1) Adequate CNS oxygen delivery – supplemental oxygen to maintain saturation >95%, to maintain systolic blood pressure >2/3 baseline or >90mmHg and transfusion to keep the hematocrit >30%.

2) Fluid and electrolyte imbalance monitoring and correction

3) Aggressive treatment of pain using NSAIDs and Opioids when necessary.

4) Elimination of unnecessary medications

5) Regulation of bowel and bladder function

a) Bowel movement by post operative day 2 and every 48 hours

b) Discontinue urinary catheter by 2nd post operative day

c) Skin care program for patients with incontinence

6) Adequate nutritional intake – supplements and nasogastric feeds if necessary.

7) Early mobilization and rehabilitation

a) Out of bed on post operative day 1 and several hours daily

b) Daily physical therapy and occupational therapy

c) Aggressive ambulation

8) Prevention, early detection and treatment of major postoperative complications – Myocardial ischemia, atrial fibrillation,

supraventricular tachycardia, pneumonia, COPD, Pulmonary embolus, Urinary Tract Infection.

9) Appropriate environmental stimuli

a) Appropriate use of glasses and hearing aids

b) Provision of clock and calendar

c) If available use of radio, tape recorder, and soft lighting

10) Treatment of agitated delirium

a) Appropriate diagnostic workup/ management

b) For agitation, calm reassurance, family presence

c) If necessary low dose Haloperidol, or if contraindicated Lorazepam at 0.25 – 0.50mg every 4 hours.[15]

Excellent geriatro-orthopaedic care with reassurance, reorientation, and provision of adequate pain control is essential. In addition, environmental adjustments should be made to aid in preventing sleep deprivation, and assist devices to overcome auditory and visual impairments should be provided.[29] Further research on the optimal management of delirium is needed.

COGNITIVE STATUS ON LONG TERM FOLLOW UP

Presurgery incident cases did not differ significantly from those detected postsurgery in functional outcomes or in persistence of cognitive impairment. Cognitive impairment first noted in the hospital persisted through 2 and 12 months in more than 40% of

patients. Those with cognitive impairment persisting through 2 months had poorer 12-month PADLs (Physical activity of daily living) and social functioning. Prefracture cognitive impairment and incident cognitive impairment during hospitalization are risk factors for poor functional outcomes. Many incident cognitive problems persisted over 2 to 12 months, and persistence predicted later functional and social impairment. It is concluded that preoperative delirium should be viewed as a separate entity with unfavorable nature and adverse outcome. Careful preventive measures and better treating strategies should be employed to avoid this clinical condition.[3, 4, 21]

THE IMPACT OF DELIRIUM ON SURVIVAL

The impact of delirium on survival after hip fracture (Nightingale et al. 2001) has been confirmed. Marcantonio and colleagues have suggested that patients with some symptoms of delirium after hip fracture, but who fall short of current diagnostic criteria may have similarly poor outcomes to those with definite but mild delirium (2002). A careful and important study by McCusker et al (2002) has shown that delirium is associated with post-discharge mortality in medical patients independently of co morbidity, physical function, and severity of illness. Interestingly the association seemed stronger for patients without dementia, which has led them to

speculate whether delirium in dementia is different, although they also consider methodological possibilities for this.[2]

In summary, although many cohort studies have examined the risk factors for delirium, most analyses have not specifically focused on patients with hip fracture and many studies have lacked adequate statistical power. Studies indicate numerous recurring, potentially modifiable risk factors for delirium including fluid and electrolyte abnormalities, infection, drug toxicity, metabolic disorders, and low cerebral perfusion. With these potentially modifiable factors in mind it would be possible to implement a number of interventions that could reduce the incidence of delirium in this population of patients and hence reduce duration of hospital stay, quality of life, functional status and overall mortality and morbidity.

MATERIALS AND METHODS

DESIGN:

A prospective descriptive study design to establish important clinical associations seen with post operative delirium.

Subjects:

Inclusion criteria:

1. Patients above the age of 60 years of age
2. Admitted to the orthopedic ward with hip fracture – either neck of femur fracture or intertrochanteric fracture.
3. Undergoing hip fracture surgery

Exclusion criteria:

1. Patients under the age of 60 years
2. Those not undergoing hip fracture surgery

Location: Orthopedics wards, Christian Medical College and Hospital, Vellore.

Duration: From May 1st 2004 to April 30th 2005 (1 year)

Methodology:

- Between May 1st 2004 and April 30th 2005, 81 patients who had been admitted with hip fracture and planned for surgery were enrolled in the study after consent.
- A preoperative assessment was made within 48 hours of admission with regard to existing delirium, prior functional status, existing dementia, and premorbid illness and drug history through interview of the patient and relatives and review of previous medical records if present.
- A preoperative cognitive assessment was done using the Confusion Assessment Method (CAM) score for existing delirium. A Mini Mental Status Examination (MMSE) was also done. In view of the fact that the MMSE could be falsely erroneous in the presence of existing delirium an assessment for dementia was made by interviewing the attending relative using the Community screening interview for dementia (CSI'D') questionnaire.
- A post operative assessment was done with a CAM (Confusion Assessment method) score done on 2 consecutive days (24 and 48 hours post operatively).
- Data regarding the type of surgery, anesthesia records and duration of surgery was collected.

- A statistical comparison was done between the patients with and without delirium regarding the various factors that may have predisposed a patient to the development of delirium.
- In those patients in whom delirium was detected a clinical examination and investigations to identify the precipitating factor was done. The investigation included Hemoglobin, total WBC count, serum creatinine, serum electrolytes (sodium, potassium), Arterial Blood Gas, urinalysis, and other details such as presence of fever, drugs used at the time and any evidence of infection. The ongoing event that was diagnosed by the treating orthopedician and physician at the time of delirium was considered as the probable cause of delirium for that particular patient.
- Analysis was done to determine the incidence of delirium in the postoperative period and a univariate and multivariate analysis of associated factors that may have predisposed these patients to the development of postoperative delirium.

Analysis:

Statistical analysis was done using the SPSS software version 11.0. Univariate analysis was done using the chi square test or fishers exact test (cell size <5) for discrete variables and paired t test for continuous variables. A multivariate analysis was subsequently carried out using a logistic regression model.

RESULTS

Demographics of Geriatric patients with Hip fracture

81 patients were recruited in the study period from 1st May 2004 to 30th April 2005. All patients were above the age of 60 years who had sustained a hip fracture and were admitted in the Christian Medical College Vellore and underwent Hip surgery for the same.

PATIENT AGE

Mean	**71.84**
Median	70.00
Mode	70
Std. Deviation	8.628
Range	39
Minimum	60
Maximum	99

Table 1

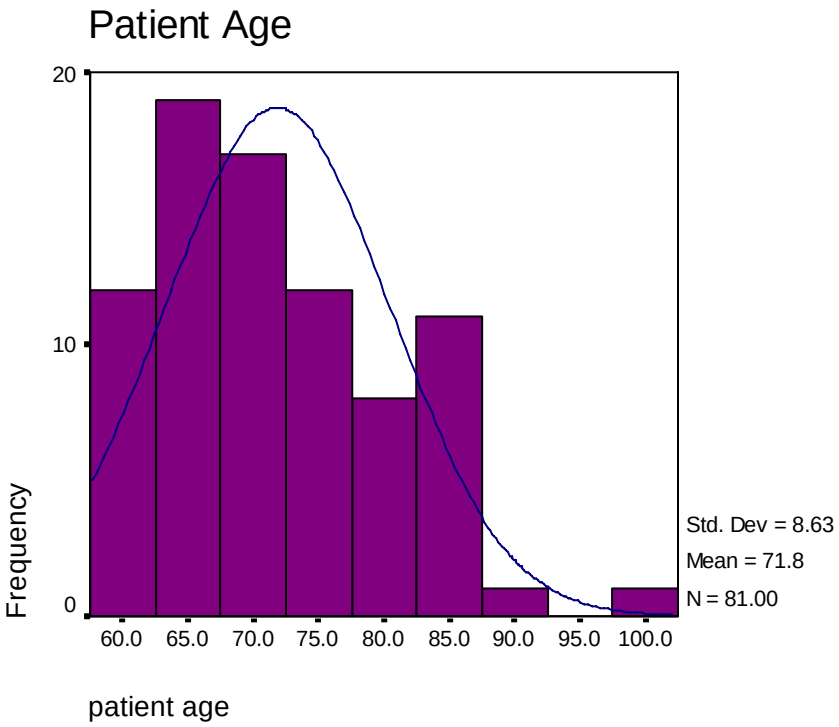


Fig. 1

The mean age of the population was **71.8 years**. (29 patients >75 years of age) There was no significant association of age and the onset of postoperative delirium. [**P value 0.319**]

SEX

	Frequency	Percent
female	50	61.7
male	31	38.3
Total	81	100.0

Table 2

61.7% of the patients were women and **38.3%** of the patients were men.

RESIDENCE

	Frequency	Percent
Lives in Tamil Nadu	68	84.0
Lives outside Tamil Nadu	13	16.0
Total	81	100.0

Table 3

84% of the patients were from Tamil Nadu and Chittoor where as 16% came from outside Tamil Nadu predominantly West Bengal, Bihar and Jharkhand. All the patients were living in a home with family and none had been in a nursing home or old age home at or prior to the injury.

OCCUPATION

Table 4 **Was the patient working at the time of the fracture?**

	Frequency	Percent
No	70	86.4
Yes	11	13.6
Total	81	100.0

86.4% of the patients were not involved in any occupation at the time that the fracture occurred. Most of the patients were staying at home but could perform household chores and activities of daily living. Of the 13.6% that were still working, the average age was 63.8 years and majority were farmers.

DEMOGRAPHICS AND THE DEVELOPMENT OF DELIRIUM

			NO DEL	%	DEL	%	P	OR	CI
			No.			No.			95%
1	**SEX**	F	38	46.9	11	13.6	.689	.797	.262-
		M	26	32.1	6	7.4			2.426
2	**ADDRESS**	TN	56	69.1	12	14.8	.091	2.92	.811-
		OUT	8	9.9	5	6.2			10.485
3	**WORKING**	NO	55	67.9	15	18.5	.806	.815	.159-
		YES	9	11.1	2	2.5			4.180

Table 5

There was no significant association of sex, the place from where the patient came from or whether the patient was working at the time of the fracture with the onset of post op delirium.

DELIRIUM IN THE STUDY POPULATION

DELIRIUM DETECTED PREOPERATIVELY	7
DELIRIUM DETECTED AT 24 HOURS POST OPERATIVE	11
DELIRIUM DETECTED AT 48 HOURS POST OPERATIVE	6
DELIRIUM DETECTED AT >72 HOURS POST OPERATIVE	1

Table 5a

DELIRIUM IN THE STUDY POPULATION

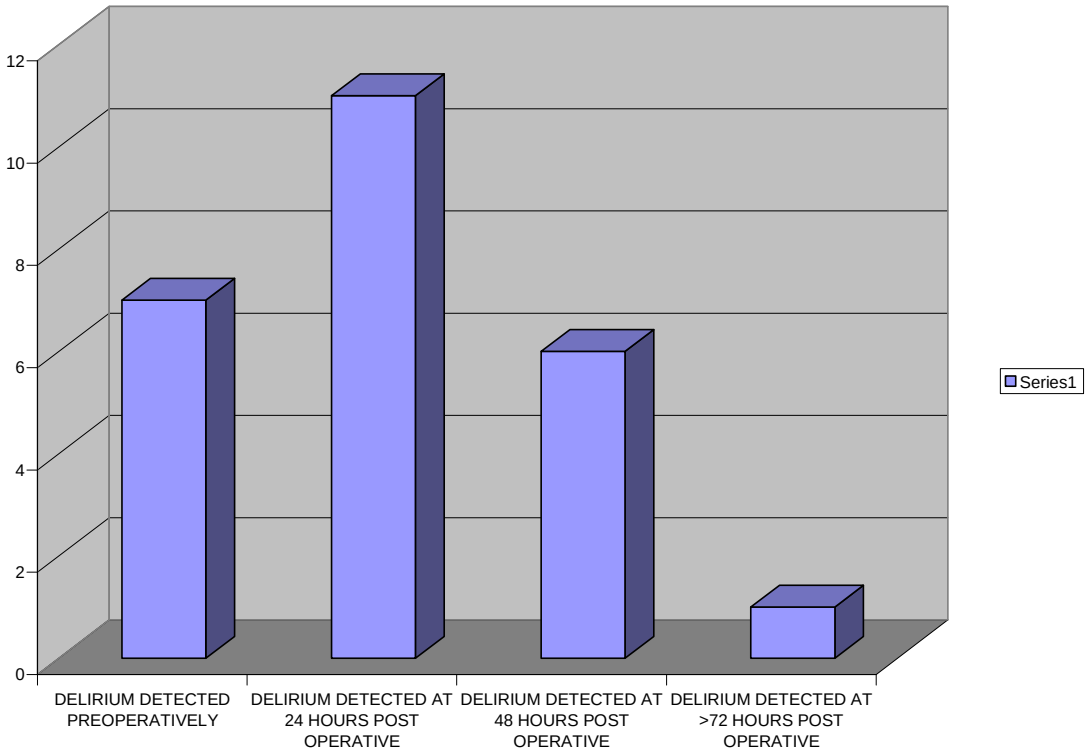


FIG. 2

PREOPERATIVE DELIRIUM IN THE POPULATION

	Frequency	Percent
No delirium	74	91.4
Delirium present	7	8.6
Total	81	100.0

Table 6

In the study population the total number of patients with preoperative delirium was **7 (8.6%).** There was no association of preoperative delirium and the development of delirium post operative (P 0.137).

POST OPERATIVE DELIRIUM COMBINED AT 24 AND 48 HOURS

Table 7 POST OPERATIVE 24 hour CAM score

		Frequency	Percent
DELIRIUM PRESENT	No delirium	70	86.4
	CAM 1+2+3	8	9.9
	CAM 1+2+4	3	3.7
	Total	81	100.0

Table 8 POST OPERATIVE 48 hour CAM score

		Frequency	Percent
DELIRIUM PRESENT	No delirium	69	85.2
	CAM 1+2+3	5	6.2
	CAM 1+2+4	7	8.6
	Total	81	100.0

TOTAL NUMBER OF PATIENTS THAT DEVELOPED DELIRIUM POST OPERATIVELY IS 17 (20.99%)

Of the 17 three patients had preoperative delirium at admission. One patient was found to develop delirium after 72 hours (Not included in the 17 for analysis).

DEMENTIA IN THE STUDY POPULATION

PREOPERATIVE MMSE SCORE

Mean	**24.33**
Median	25.00
Mode	26
Std. Deviation	3.054
Range	14
Minimum	14
Maximum	28

Table 9

PREOPERATIVE MMSE SCORE IN PATIENTS WITH OR WITHOUT DELIRIUM

(Table 10)

		MMSE		
		N	Mean	Std. Deviation
Preop MMSE score	No delirium post op	64	24.88	2.504
	Delirium present	17	22.29	4.043

Patients with low MMSE score preoperatively tended to have higher incidence of delirium. (**P value 0.002**). As this was a confounding variable in the diagnosis of dementia if existing delirium was present it was not included in multivariate analysis.

PREOPERATIVE CSI(D) AND DEVELOPMENT OF DELIRIUM POSTOPERATIVELY

Dementia present based on the CSI(D) questionnaire

	Frequency	Percent
No	70	86.4
Yes	11	13.6
Total	81	100.0

Table 11

		No delirium post op	Delirium present post op	
CSI(D) DEMENTIA PRESENT	NO	60	10	70
	YES	4	7	11
Total		64	17	81
		79.0%	21.0%	100.0%

Table 12

P VALUE < 0.001
ODDS RATIO 10.5; 95% CI (2.592-42.539)

The total number of patients that had evidence of existing dementia on the basis of the CSI (D) questionnaire was 11. The presence of dementia as assessed on the basis of the CSI (D) questionnaire done preoperatively was significantly associated with the development of post operative delirium (**OR 10.5**).

PREMORBID BARTHEL'S INDEX AND THE DEVELOPMENT OF DELIRIUM

The mean Barthel's Index score in this population was **89.38**.

	All delirium post op	N	Mean	Std. Deviation
Barthel's index score	No delirium post op	64	90.16	6.899
	Delirium present post op	17	86.47	9.145

Table 13

P value **0.136**
There was no significant association with premorbid functional status as per the Barthel's index and the development of post op delirium.

ADMISSION DETAILS

DURATION OF ADMISSION

	Minimum	Maximum	Mean	Std. Deviation
DURATION OF ADMISSION	2.00	42.00	10.12	6.26

Table 14

The average duration of admission was 10.12 days though this value would be slightly skewed due to a single prolonged admission of 42 days that had been due to a recurrent wound infection.

DURATION OF ADMISSION AND DELIRIUM

		NO.	AVG DAYS
	NO DELIRUM	64	9.47
	DELIRIUM PRESENT	17	12.59

Table 16

P VALUE **0.068**

The duration of admission was not significantly associated with the presence of postoperative delirium though there was a definite increase in the duration of admission by almost **3 days** for patients that developed delirium and those that did not develop delirium post operatively.

The presence or absence of preoperative delirium in patients with hip fracture did not result in significant delay in the patient being posted for surgery (2.37 for patients without delirium versus 2.85 for patients with delirium [p value = 0.655])

Days from admission to surgery

Table 15

Mean	**2.72**
Median	2.00
Mode	1.0
Std. Deviation	2.63
Range	17.0
Minimum	1.0
Maximum	18.0

DURATION OF PREOPERATIVE PERIOD AND THE ONSET OF POSTOPERATIVE DELIRIUM

		NO	AVG DAYS
	NO DELIRIUM	64	2.05
	DELIRIUM PRESENT	17	3.82

Table 17

P value 0.014

The mean duration for all patients from admission to surgery was **2.72** days. There was a significant association of duration of delay in surgery and the development of delirium postoperatively. The patients that had a longer preoperative wait seemed to develop delirium postoperatively more than those

that were taken up for surgery faster. Patients who had a waiting time >2days were at greater risk to develop delirium (**OR 4.03**; 95%CI 1.3 – 12.4)

DURATION OF SURGERY (INTRAOPERATIVE PERIOD) AND THE ONSET OF DELIRUM POSTOPERATIVELY

		No.	Avg hours
	No delirium	64	2.42
	Delirium present	17	3.33

Table 18

P value < 0.001

The mean duration of operating time was 2.53 hours. There was a significant association of the duration of surgery and the onset of postoperative delirium. Patients who had longer intraoperative periods tended to develop post operative delirium more frequently than those that did not have delirium. Intraoperative period >2.5 hours was associated with the development of postoperative delirium (p value <0.001; **OR 10.28**; 95%CI 2.17- 48.74).

FRACTURE DETAILS

Type of Fracture

	Frequency	Percent
Neck of femur fracture	**28**	**34.6**
Intertrochanteric fracture Tronzo I	1	1.2
Intertrochanteric fracture Tronzo II	4	4.9
Intertrochanteric fracture Tronzo III	**32**	**39.5**
Intertrochanteric fracture Tronzo IV	13	16.0
Intertrochanteric fracture Tronzo V	3	3.7
Total	81	100.0

Table 19

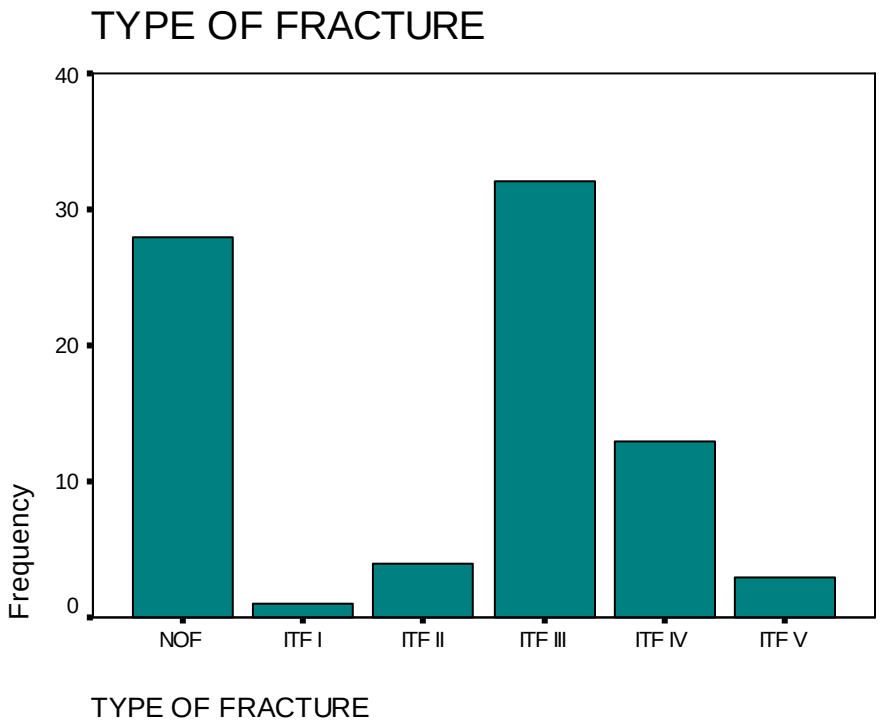


FIG. 3

65.4% of the patients had suffered intertrochanteric fractures of which the majority was Tronzo III fractures**. 34.6%** had neck of femur fractures and these had not been graded.

Table 20 SIDE OF FRACTURE

	Frequency	Percent
right side fracture	42	51.9
left side fracture	39	48.1
Total	81	100.0

Right sided fractures were only slightly more than the left sided fractures at **51.9%.**

TRIVIAL VERSUS VIOLENT INJURY

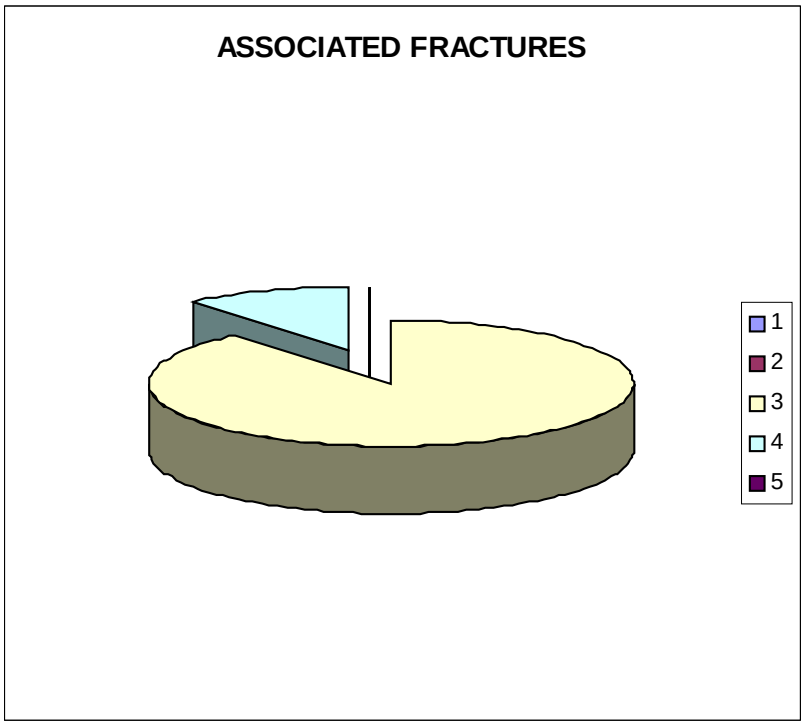
	Frequency	Percent
Trivial Fall	74	91.4
Violent injury	7	8.6
Total	81	100.0

Table 21

Majority of the patients had a trivial fall which accounted for the fracture.

Associated Fracture	No.	%
HEAD AND NECK FRACTURE	0	0
SPINE FRACTURE	0	0
UPPERLIMB FRACTURE	8	9.87
LOWER LIMB FRACTURE	1	1.23

Table 22



Yellow – no associated fractures
Green – upper limb associated fracture
FIG.4

FRACTURE CHARACTERISTICS AND POST OPERATIVE DELIRIUM

			NO DEL	NO DEL	DEL	DEL	P	OR	CI
			NO.	%	NO.	%			95%
1	TYPE OF FRACTURE	NOF	20	24.7	9	11.1	.097	.404	.136-
		ITF	44	54.3	8	9.9			1.201
2	ITF >GRADE 2	ELSE	23	28.4	10	12.3	.088	.393	.132-
		>2	41	50.6	7	8.6			1.171
3	SIDE OF	R	34	42.0	8	9.9	.656	1.28	.437-
	FRACTURE	L	30	37.0	9	11.1			3.723
4	ASSOCIATED	N	59	72.8	14	17.3	.227	2.53	.539-
	FRACTURES	Y	5	6.2	3	3.7			11.859

Table 23

In this study there was no significant association of the type of fracture, side of fracture or the presence of associated fractures with the development of postoperative delirium. Most of the fractures were due to trivial falls and hence polytrauma and head and neck injuries were not present. The main associated fractures were upper limb fractures that did not have any definite association with the development of delirium. The Grade of fracture also did not have an association with the development of delirium.

COMORBID ILLNESSES AND THE DEVELOPMENT OF POST OPERATIVE DELIRIUM

	PREMORBID		NO DEL		DEL		P	OR	CI 95%
1	DIABETES MELLITUS	NO	44	54.3	9	11.1	.223	1.95	.658 -
		YES	20	24.7	8	9.9			5.81
2	HYPERTENSION	NO	37	45.7	6	7.4	.098	2.51	.827 -
		YES	27	33.3	11	13.6			7.64
3	DM + HYPERTENSION	NO	52	64.4	10	12.3	**.052**	3.03	.959-
		YES	12	14.8	7	8.6			9.598
4	CHF	NO	62	76.5	17	21	1.00	-	
		YES	2	2.5	0	0			
5	IHD	NO	54	66.7	9	11.1	**.006**	4.80	1.49-
		YES	10	12.3	8	9.9			15.422
6	IHD + DM + HT	NO	59	72.8	12	14.8	**.016**	4.92	1.23-
		YES	5	6.8	5	6.8			19.67
7	HEART BLOCK	NO	63	77.8	16	19.8	.308	3.94	.233-
		YES	1	1.2	1	1.2			66.42
8	VALVULAR DISEASE	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
9	PVD	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
10	RENAL FAILURE	NO	64	79.0	15	18.5	.042	-	
		YES	0	0	2	2.5			
11	BPH	NO	64	79.0	16	19.8	.210	-	
		YES	0	0	1	1.2			

Table 24

There was a significant association of the presence of ischemic heart disease (p value 0.006) and the development of post operative delirium. The presence of delirium in patients with hypertension and diabetes probably has some association though not statistically significant.

COMORBID CONDITIONS AND THE DEVELOPMENT OF POSTOPERATIVE DELIRIUM

	PREMORBID CONDITON		NO DEL No.	NO DEL %	DEL No.	DEL %	P	OR	CI 95%
1	COPD	NO	60	74.1	17	21.0	.574	-	
		YES	4	4.9	0	0			
2	ASTHMA	NO	62	76.5	17	21.0	1.00	-	
		YES	2	2.5	0	0			
3	CVA	NO	61	75.3	13	16.0	**.014**	6.26	1.248-
		YES	3	3.7	4	4.9			31.370
4	PARKINSONS	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
5	VISUAL DEFICIT	NO	55	67.9	10	12.3	**.013**	4.28	1.294-
		YES	9	11.1	7	8.6			14.141
6	MALIGNANCY	NO	62	76.5	16	19.8	.593	1.94	.165-
		YES	2	2.5	1	1.2			22.736
7	DEFORMITY/ ARTHRITIS	NO	61	75.3	15	18.5	.281	2.71	.415- 17.701
		YES	3	3.7	2	2.5			
8	HYPOTHYROID	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
9	DVT	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
10	PAGETS DISEASE	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			

Table 25

The presence of a past cerebrovascular accident (P value 0.014) and the presence of visual impairment (p value 0.013) were associated with the development of delirium post operatively.

DRUGS AND THEIR ASSOCIATION WITH DELIRIUM

			NO DEL No.	NO DEL %	DEL No.	DEL %	P	OR	CI 95%
1	GLIBENCLAMIDE	NO	51	63.0	15	18.5	.420	0.52	.106-
		YES	13	16.0	2	2.5			2.581
2	GLIMIPRIDE	NO	62	76.5	17	21.0	1.00	-	
		YES	2	2.5	0	0			
3	GLIPIZIDE	NO	61	75.3	14	17.3	.070	4.36	.794-
		YES	3	3.7	3	3.7			23.909
4	METFORMIN	NO	57	70.4	13	16.0	.178	2.51	.638-
		YES	7	8.6	4	4.9			9.842
5	INSULIN	NO	64	79.0	16	19.8	.210	-	
		YES	0	0	1	1.2			
6	ATENOLOL	NO	56	69.1	12	14.8	.091	2.92	.811-
		YES	8	9.9	5	6.2			10.485
7	AMLODIPINE	NO	56	69.1	14	17.3	.582	1.50	.352-
		YES	8	9.9	3	3.7			6.397
8	NIFEDIPINE	NO	61	75.3	16	19.8	.840	1.27	.124-
		YES	3	3.7	1	1.2			13.051
9	ACE INHIBITORS	NO	58	71.6	13	16.0	.115	2.97	.733-
		YES	6	7.4	4	4.9			12.072
10	DILTIAZEM	NO	63	77.8	16	19.8	.308	3.94	.233-
		YES	1	1.2	1	1.2			66.429
11	NITRATE	NO	57	70.4	12	14.8	.057	3.39	.919-
		YES	7	8.6	5	6.2			12.519

Table 26

DRUGS AND THEIR ASSOCIATION WITH DELIRIUM

			NO DEL No.	NO DEL %	DEL No.	DEL %	P	OR	CI 95%
12	NSAIDs	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
13	ANTIPSYCHOTICS ANTIPARKINSONS	NO	63	77.8	16	19.8	.308	3.94	.233-66.429
		YES	1	1.2	1	1.2			
14	SEDATIVES	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
15	ANTIDEPRESSANT	NO	64	79.0	16	19.8	.210	-	
		YES	0	0	1	1.2			
16	ANTIHISTAMINES	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
17	ANTICOGULANTS	NO	63	77.8	17	21.0	1.00	-	
		YES	1	1.2	0	0			
18	ASPIRIN	NO	59	72.8	14	17.3	.227	2.53	.539-11.859
		YES	5	6.2	3	3.7			
19	RADIOTHERAPY	NO	64	79.0	16	19.8	.210	0.00	
		YES	0	0	1	1.2			

Table 27

There was no significant association of drug intake and the development of postoperative delirium.

ALCOHOL AND SMOKING AND THE ASSOCIATION WITH DELIRIUM

			NO DEL No.	NO DEL %	DEL No.	DEL %	P	OR	CI 95%
1	ALCOHOL	NO	58	71.6	16	19.8	.649	.604	.068-
		YES	6	7.4	1	1.2			5.388
2	SMOKER	NO	53	65.4	15	18.5	.588	.642	.128-
		YES	11	13.6	2	2.5			3.220

Table 28

Alcohol consumption

	Frequency	Percent
No alcohol consumption	74	91.4
Occasional alcohol consumption	5	6.2
Regular alcohol consumption	2	2.5
Total	81	100.0

Table 29

In the study population there were 7 consumers of alcohol of which only one developed delirium postoperatively. There was no significant association of smoking and the development of delirium.

THE DAYS FROM THE ONSET OF INJURY TO THE TIME WHEN THE PATIENT SOUGHT TREATMENT IN CMCH

The mean duration of days from onset of injury to treatment sought at CMCH was 17.2 days (range from 1 day to 1 year, mean 2 days, mode 1 day). This value is skewed due to a few patients who presented late and were being managed conservatively elsewhere.

There was no significant association of delay in arrival at CMCH and the onset of preoperative (p value 0.449) or postoperative delirium (p value 0.399). However the patients who developed delirium had a definite longer delay than those who did not develop delirium post op (12.93 in patients with no delirium versus 32.41 days in patients who did develop delirium)

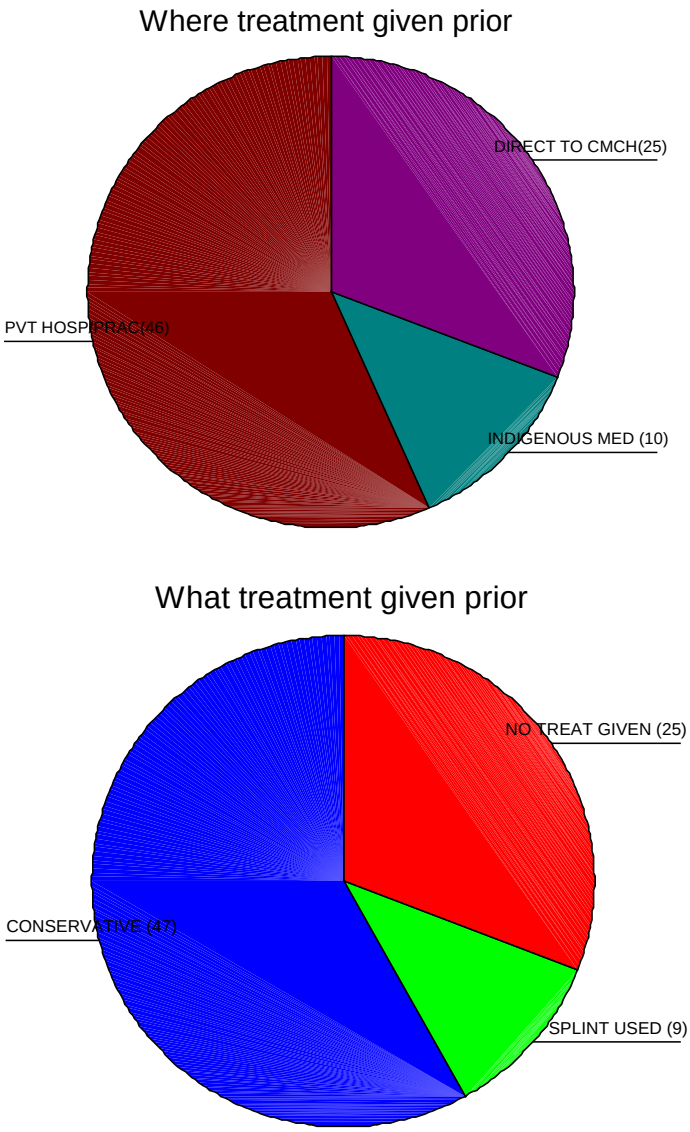


Fig. 7

A large number of the patients tended to seek treatment at a local hospital and were treated conservatively prior to the admission at CMCH. There were a small percentage of patients that were treated with indigenous medicine and used splints initially.

TREATMENT RECEIVED PRIOR TO ARRIVAL AT CMCH

			NO DEL No.	NO DEL %	DEL No.	DEL %	P	OR	CI 95%
1	TYPE OF INJURY	TRIV	57	70.4	17	21.0	.355	-	-
		VIOL	7	8.6	0	0			
2	INDIGENOUS MED	N	55	67.9	16	19.8	.362	.382	.045-
		Y	9	11.1	1	1.2			3.245
3	PRIVATE	N	27	33.3	8	9.9	.719	.821	.281 -
	PRACTITIONER	Y	37	45.7	9	11.1			2.403
4	INITIAL	Y	18	22.2	7	8.6	.300	.559	.184 -
	TREATMENT CMC	N	46	56.8	10	12.3			1.695
5	SPLINT USED	N	57	70.4	15	18.5	.923	1.08	.204 -
		Y	7	8.6	2	2.5			5.775
7	NO TREATMENT	N	18	22.2	7	8.6	.300	.559	.184 -
	OUTSIDE	Y	46	56.8	10	12.3			1.695
8	CONSERVATIVE	N	25	30.9	9	11.1	.303	.570	.194 -
	TREAT OUTSIDE	Y	39	48.1	8	9.9			1.674
9	ELECTIVE	Y	51	63.0	16	19.8	.162	.245	.030-
	OR EMERGENCY	N	13	16.0	1	1.2			2.023

Table 30

There was no significant association observed in this study with regard to the type of injury, the treatment received prior to coming to CMCH, or the treatment that was given elsewhere for the hip fracture. Also the fact that the case was taken up as an elective versus an emergency procedure did not have an association with the development of post operative delirium.

Type of surgery

	Frequency	Percent
Dynamic Hip Screw	50	61.7
Hemiarthroplasty	15	18.5
Bipolar Arthroplasty	8	9.9
Total Hip replacement	3	3.7
Gamma Nailing	2	2.5
Condylar plate fixation	1	1.2
Multiple pinning	2	2.5
Total	81	100.0

Table 31

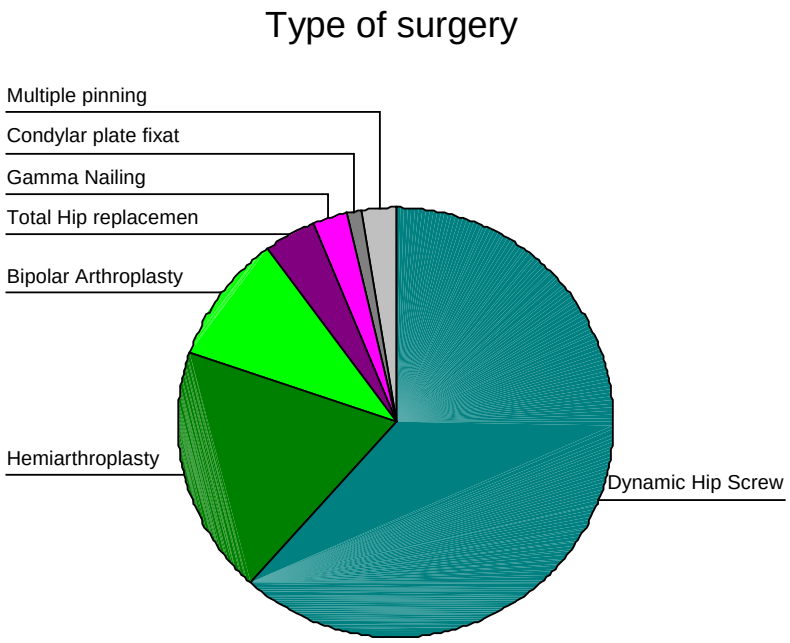


FIG.8

Majority of the patients had a dynamic Hip Screw fixation and most of the others either had a hemiarthroplasty or a bipolar arthroplasty. However there was no significant association of the duration of surgery and the type of surgery in these three major groups and there was no association of the type of surgery and the onset of postoperative delirium.

Type of surgery and association with postoperative delirium

	SURGERY		NO DEL No.	NO DEL %	DEL No.	DEL %	P	OR	CI 95%
1	DHS FIXATION	N	24	29.6	7	8.6	.782	.857	.288
		Y	40	49.4	10	12.3			2.55
2	HEMIARTHROPLASTY	N	54	66.7	12	14.8	.193	2.25	.650-
		Y	10	12.3	5	6.2			7.79
3	BIPOLAR	N	55	67.9	15	18.5	.806	.815	.159-
	HEMIARTHROPLASTY	Y	9	11.1	2	2.5			4.18

Table 32

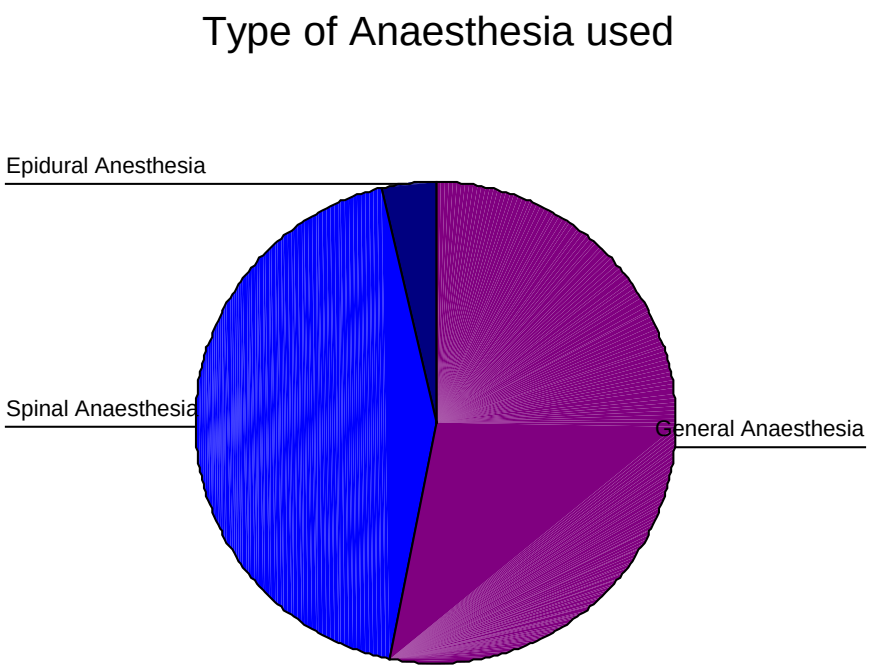
There was no definite association of the type of surgery and the development of post operative delirium.

Type of Anesthesia used

	Frequency	Percent
General Anesthesia	43	53.1
Spinal Anesthesia	35	43.2
Epidural Anesthesia	3	3.7
Total	81	100.0

Table 33

FIG 9



53 % of the patients received general anesthesia and 43 % of the patients received spinal anesthesia. There was no association of the type of anesthesia used and the development of post operative delirium.

OPERATIVE FACTORS AND THE DEVELOPMENT OF DELIRIUM

			NO DEL No.	NO DEL %	DEL No.	DEL %	P	OR	CI 95%
1	ASA CLASS > 2	N	55	67.9	9	11.1	.003	5.43	1.661-
		Y	9	11.1	8	9.9			17.663
2	GENERAL	N	32	39.5	6	7.4	.280	1.83	.605-
	ANAESTHESIA	Y	32	39.5	11	13.6			5.557
3	SPINAL	N	35	43.2	11	13.6	.459	.658	.217-
	ANAESTHESIA	Y	29	35.8	6	7.4			1.997
4	EPIDURAL	N	61	75.3	17	21.0	1.00	-	-
	ANAESTHESIA	Y	3	3.7	0	0.0			
5	INTRAOP	N	59	72.8	15	18.5	.606	1.57	.278-
	HYPOTENSION	Y	5	6.2	2	2.5			8.919
6	NEED FOR ICU	N	63	77.8	16	19.8	.308	3.94	.233-
	CARE	Y	1	1.2	1	1.2			66.429
7	ANALGESIA- NSAID	N	60	74.1	16	19.8	.955	.93	.098-
	+ EPIDURAL	Y	4	4.9	1	1.2			8.981
8	POST OP DVT	N	64	79.0	16	19.8	.210	-	-
		Y	0	0.0	1	1.2			
9	ANTICOAGULATION	N	61	75.3	16	19.8	.840	1.27	.124-
		Y	3	3.7	1	1.2			13.051

Table 34

Patients that had a higher ASA class were associated with the development of postoperative delirium. However, the type of anesthesia used did not have an association with the development of delirium in this population of patients.

PACKED CELL VOLUME AND ITS ASSOCIATION WITH POST OPERATIVE DELIRIUM

	Preoperative PCV	Postoperative PCV
Mean	**31.717**	**26.347**
Median	32.000	26.500
Mode	36.0	21.7
Std. Deviation	5.9275	3.8163
Range	25.5	19.9
Minimum	17.7	16.6
Maximum	43.2	36.5

Table 35

DROP IN PACKED CELL VOLUME POST OPERATIVELY

	N	Minimum	Maximum	PCV Mean	Std. Deviation
DROP PCV	81	-10.10	19.50	**5.3704**	5.43639

Table 36

PREOPERATIVE PCV ASSOCIATED WITH POSTOPERATIVE DELIRIUM

			PCV	
	All delirium post op	N	Mean	Std. Deviation
Preoperative PCV	No delirium post op	64	**32.483**	5.2864
	Delirium present post op	17	**28.835**	7.3805

Table 37

P value 0.023

There was a significant association with preoperative PCV and the onset of postoperative delirium. A preoperative PCV < 25 was associated with a greater risk of post operative delirium (p value 0.016; **OR 4.917**; 95%CI 1.22-19.66) However there was no significant association noted with postoperative PCV (p value 0.063) and fall in PCV (p value 0.403) and the development of postoperative delirium.

CLINICAL FEATURES POSTOPERATIVELY AND ASSOCIATION WITH DELIRIUM

Table 38

	All delirium post op	N	Mean	p value
Postop 24hour SBP	No delirium post op	64	131.09	**.462**
	Delirium present post op	17	135.88	
Postop 24hour DBP	No delirium post op	64	81.63	**.872**
	Delirium present post op	17	81.18	
Postop 24hour Heart Rate	No delirium post op	64	87.28	**.007**
	Delirium present post op	17	95.76	
Postop 24hour Resp Rate	No delirium post op	64	19.56	**.004**
	Delirium present post op	17	23.06	
Postop 48hour SBP	No delirium post op	64	133.75	**.859**
	Delirium present post op	17	132.94	
Postop 48hour DBP	No delirium post op	64	81.72	**.884**
	Delirium present post op	17	82.24	
Postop 48hour Heart Rate	No delirium post op	64	88.31	**.953**
	Delirium present post op	17	88.59	
Postop 48hour Resp Rate	No delirium post op	64	19.59	**.001**
	Delirium present post op	17	23.06	

Table 39 **ARTERIAL BLOOD GAS ANALYSIS IN THE STUDY POPULATION**

	N	Range	Minimum	Maximum	Mean
Postop delirium ABG pH	4	.34	7.12	7.46	7.3248
Postop delirium ABG PaO2	4	221	39	260	144.78
Postop delirium ABG PaCO2	4	8	22	30	25.38
Postop delirium ABG HCO3	4	12	8	20	13.70
Postop delirium ABG BE	4	18	-21	-3	-10.60
Postop delirium ABG SaO2	4	12	87	100	96.53

Table 40 **BIOCHEMICAL PARAMETERS IN THE STUDY POPULATION**

	N	Range	Minimum	Maximum	Mean
Postop delirium sugar	18	210	40	250	138.22
Postop delirium creatinine	18	3.5	.6	4.1	1.372
Postop delirium sodium	18	24	118	142	132.28
Postop delirium potassium	18	2.8	3.0	5.8	4.006
Postop delirium total count	14	8800	8100	16900	10857.14

The factors post operatively that were seen to be associated with delirium was the presence of a high respiratory rate and tachycardia in the first 48 hours. The presence of fever was also strongly associated with the development of delirium postoperatively (p value <0.001). There were 4 patients that developed fever post op. There was a range of biochemical parameters but on average the values were in the normal range with no definite trend that indicates the development or association with delirium.

Clinical Causes of Delirium

HYPONATREMIA	1	5.882353
DEHYDRATION	1	5.882353
RENAL FAILURE	1	5.882353
RESPIRATORY FAILURE	1	5.882353
LOWER RESPIRATORY INFECTION	1	5.882353
URINARY TRACT INFECTION	2	11.76471
HYPOGLYCEMIA	2	11.76471
FEBRILE ILLNESS	2	11.76471
HYPOTENSION	2	11.76471
CEREBROVASCULAR ACCIDENT	4	23.52941
PULMONARY EMBOLISM	4	23.52941
MYOCARDIAL INFARCTION	4	23.52941
CAUSE NOT DETECTED	5	29.41176

Table 41

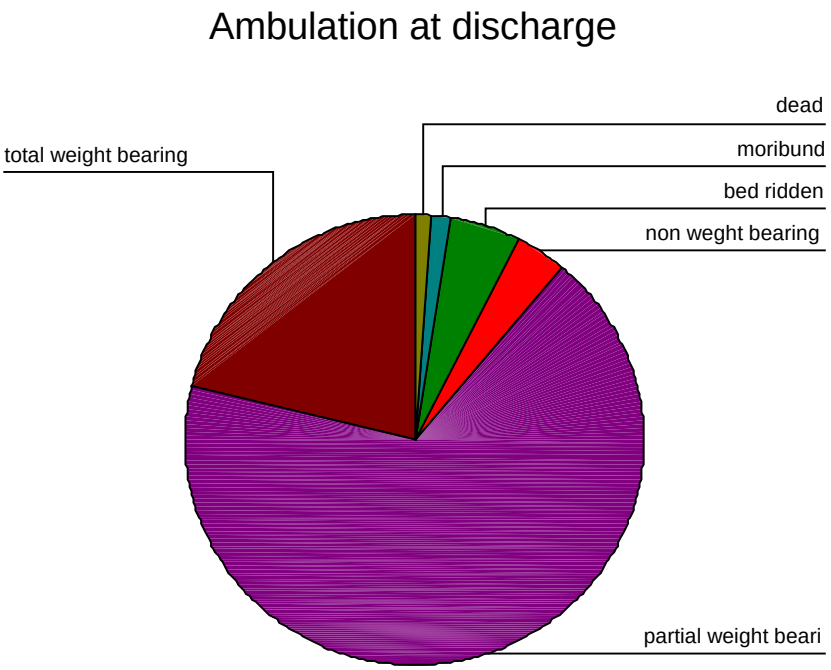
Of the group that developed delirium a total of 5 patients had no obvious cause detected. Myocardial events, pulmonary embolism and CVA were the next most common associations postoperatively.

PATIENT PROFILE AT DISCHARGE

There were a total of 2 patients that had documented delirium at or after 72 hours. The first was a patient that had documented delirium at 24 hours and one of the patients developed delirium after 72 hours. There was one patient that had a prolonged admission due to wound infection that required multiple courses of antibiotics and surgical debridement.

Table 42 Ambulation at discharge

	Frequency	Percent
Dead	1	1.2
Moribund	1	1.2
Bed ridden	4	4.9
Non weight bearing	3	3.7
Partial weight bearing	55	67.9
Total weight bearing	17	21.0
Total	81	100.0



Patient at discharge

	Frequency	Percent
RECOVERED	79	97.5
DIED	1	1.2
DISCHARGED AT REQUEST	1	1.2
Total	81	100.0

Table 43

AMBULATION AT DISCHARGE AND ASSOCAITION WITH POSTOPERATIVE DELIRIUM

			All delirium post op		Total
			no delirium post op	delirium present post op	
Ambulation	Ambulate total or partial	Count	60	12	72
	No ambulation	Count	4	5	9
Total		Count	64	17	81
		% of Total	79.0%	21.0%	100.0 %

Table 44

P VALUE 0.007
OR 6.25; 95%CI (1.46 TO 26.73)

Patients that had delirium post operatively had an association with the degree of ambulation that was feasible at discharge. Post operative delirium decreased the degree of ambulation at discharge.

MULTIVARIATE ANALYSIS (LOGISTIC REGRESSION MODEL)

	B	S.E.	P VALUE.	ODDS RATIO	95.0% C.I	
					Lower	*Upper*
PRESENCE OF DEMENTIA (CSID)	2.831	1.351	.036	**16.967**	1.200	239.809
PRESENCE OF IHD	1.922	1.056	.069	**6.832**	.863	54.087
PAST HISTORY OF CVA	-.097	1.211	.936	.907	.084	9.745
EXISTING VISUAL IMPAIRMENT	-.003	1.130	.998	.997	.109	9.128
PREOPERATIVE PACKED CELL VOLUME <25	2.088	.939	.026	**8.065**	1.279	50.848
ASA CLASS >2	-.162	.931	.862	.850	.137	5.270
DURATION OF INTRAOPERATIVE TIME > 2.5 HOURS	2.108	.989	.033	**8.228**	1.184	57.200
DELAY IN SURGERY FROM ADMISSION	.083	.121	.490	1.087	.858	1.377
Constant	-4.488	1.053	.000	.011		

TABLE 45

On multivariate analysis the independent risk factors for post operative delirium were presence of underlying dementia, duration of surgery > 3hours and the preoperative Packed Cell Volume < 25. The presence of IHD also was approaching significance.

NOTE: Cutoff for Preoperative PCV is based on the ROC curve (Sensitivity 71%; Specificity 92%); Cutoff for duration of intraoperative period based on ROC curve (Sensitivity 94%; Specificity 70%);

DISCUSSION

DEMOGRAPHICS AND CLINICAL PROFILE

81 patients above the age of sixty with hip fracture were recruited from the Orthopedics department between May 2004 and April 2005. The mean age of the study group was **71.84** years, where the majority of the patients fell between sixty to seventy years of age. Various studies have shown conflicting views on age and the development of delirium in the elderly. Kagasky found a lower incidence of delirium in patients over the age of seventy five [32] which is different from most reports which support the theory that in a more elderly population a higher incidence of delirium is exhibited. Our study showed no association between age and the development of postoperative delirium. However, it appears that in the Indian setting, the elderly geriatric population, especially from rural areas, may not have sought care at a tertiary care hospital such as ours. This is probably due to socio-cultural and financial reasons. Hence, it is possible that the incidence of delirium may have been underestimated due to the slightly younger study population.

61.7% of the population in the study was female. Contributory factors would be the presence of postmenopausal osteoporosis, the lack of use of hormone replacement therapy,

calcium supplements and the tendency of women to be housebound, resulting in them being more prone for hip fracture after trivial falls. However, there was no significant association between sex and the development of acute confusional states in this population of patients.

As would have been expected majority of the patients came from areas in and around Tamil Nadu. The patients with more chronic, untreated hip fractures came from more distant locations such as West Bengal. However, there did not seem to an association between residence and the presence of acute confusional states. As compared to the West, in our study there were no patients who had lived in nursing homes or old age homes prior to their admission. It has been shown in previous studies that patients who lived in old age homes, and lacked active familial support and care, tended to develop delirium more frequently than patients from the community.[6] However, all the patients in this study lived at home with their families and had active family and social support at the time of hospitalization. Thus, a major risk factor for development of delirium was absent in this population.

86% of the studied population was not actively working at the time when the fall had occurred. However, most of the patients were functionally active within the house and could perform activities of daily living (average Barthel's score in the study

population was 89). Of the remaining 14%, majority were farmers. Patients who were not active had dementia and other medial co-morbid illnesses that impaired them functionally and also predisposed them to delirium in a stress setting. This study, however, did not show an association between work and the development and postoperative delirium.

CONFUSIONAL STATES IN THE STUDIED POPULATION

Of the 81 patients that were studied 7 patients were detected to have delirium preoperatively based on the Confusion Assessment Method (CAM) score. 17 patients were detected to have postoperative delirium, within the first 48 hours. 3 of the patients detected to have preoperative delirium also had postoperative delirium. 1 patient developed delirium after 72 hours.

This study detected postoperative delirium in **21%** of the patients, which is lower than the western estimates of 38 to 60% in geriatric hip fracture patients. There are a number of reasons for the lower incidence of postoperative delirium in the studied population. An assessment for delirium was made on two specific occasions at 24 and 48 hours after surgery. Previous studies[15, 21], have used multiple assessments for delirium over a 24 hour period by trained personnel, which was not feasible in our study. Delirium by definition, has a fluctuating course and by this limited assessment it

is possible that we may have missed periods of delirium that could have occurred at other times during the day, hence, having underestimated the incidence of delirium over the studied period.

Other factors, which need to be considered as possible reasons for the lower incidence of delirium, are the younger age group of the population, less use of multiple drugs as well as anticholinergics and psychotropic drugs prior to the fracture, lack of admission into old age homes and the presence of active familial support and care during the in-hospital period. The causes for preoperative delirium were not analyzed in the study. However, the presence of preoperative delirium is a confounding variable for the assessment of underlying dementia if only the Mini Mental State Examination (MMSE) is used. To eliminate this error the CSID questionnaire was administered to the attending relatives of the patients. The MMSE was also administered preoperatively but in some instances, gave falsely low scores because of underlying delirium. In most cases, it seemed to correlate with the CSID assessment of existing dementia. However, both scores had their drawbacks when administered in the present population. Illiteracy was an issue when administering the MMSE and certain tasks involving reading, writing and calculation, could not be assessed accurately. The CSID questionnaire was administered to the attending relatives of the patients at the time when the initial

assessment was made. This questionnaire had been adapted in Tamil making it more appropriate and easy to administer to our population. However, it is possible that relatives of patients tended to underestimate or belittle existing behavioral changes and functional disability of the patient, hence altering our estimates of dementia in the study population. In this study there were 11 patients who were found to have dementia. The degree of dementia was not assessed in this study.

On analysis, it was found that a low MMSE score was associated with the development of postoperative delirium (P value **0.021**. This was further confirmed by the fact that presence of dementia based on the CSID questionnaire was also strongly associated with postoperative delirium (Odds Ratio 10.5, 95% CI 2.592-42.539). This finding is in keeping with previous studies which have shown that underlying cognitive impairment predisposes patients to post operative delirium. Functional impairment as measured by the Barthel's index did not have an association with postoperative delirium.

FRACTURE PROFILE

Of the 81 patients who presented with hip fracture, 64% had intertrochanteric fractures versus 36% with neck of femur fractures.

However, the type, grade or side of fracture did not have an association with the development of delirium.

7 out of the 81 patients had hip fractures that were not due to trivial falls but due to road traffic accidents. Polytrauma and multiple fractures were not common in this group of patients. Associated fractures predominantly involved the upper limb (forearm). There were no head or neck injuries in this group of patients. Therefore, it is difficult to comment on the role of multiple fractures on development of delirium in this population, and in our study there was no obvious association.

ADMISSION PROFILES

The average duration of admission in the studied population was 10 days. This would have been partly skewed by outliers who required prolonged admission due to wound complications. The mean interval between admission and surgery was 2.72 days.

There was a definite increase in the duration of admission by **3** days in patients who developed post operative delirium, though this was not statistically significant (P value 0.068). The presence of *preoperative* delirium did not affect the duration of admission or delay the time from admission to surgery in this population of patients. Treatment of the underlying disease and delirium was the primary reason for prolonged admission in patients who developed

postoperative delirium. Dimensional and categorical measures of delirium and dementia have shown associations with prolonged length of stay (LOS) and greater use of medical services in a number of studies. Cognitive impairment, measured early in a hospital admission, predicts extended stays even in analyses that control for severity of medical illness, functional impairment, and other potentially confounding variables. Elderly patients with dementia have longer general hospital stays, require more intensive nursing care, and incur higher costs, compared to elderly patients without dementia.[33]

Delirium has been associated with impairments in motivation and compliance. Agitation caused by postoperative delirium has anecdotally been linked to early dislocation of hip prostheses and trochanteric separation, as well as wound separation and wound hematomas. Cognitive disturbances and delirium in medical settings have been associated with falls and urinary incontinence, the latter of which might contribute to bedsores or result in urinary tract infections related to the introduction of indwelling catheters.

Dehydration, aspiration, pneumonia secondary to immobility, congestive heart failure, and myocardial infarction secondary to psychomotor agitation have been cited as possible consequences of delirium and dementia in medical settings. These have also been cited as possible contributors to delirium. Similarly, confinement to

bed, restraints, urinary catheters, and sedatives has been cited as both causes and consequences of delirium which in turn prolong hospital stay.

An interesting observation was that patients who had a longer preoperative waiting period seemed to develop postoperative delirium more frequently than those who were taken up for surgery earlier. The patients who developed postoperative delirium had a longer preoperative waiting period - 2.05 days in patients without postoperative delirium versus 3.82 days in patients who went on to develop delirium (P Value **0.014).** This observation must be regarded with caution since patients who had a delay in surgery were that subpopulation of patients who had other associated risk factors, which required treatment, preoperative assessment and stabilization prior to surgery, rather than postoperative delirium being a result of the delay in itself. In literature there are proponents for early surgery within 24 hours, as well as advocates for delayed surgery. In published series, patients who underwent surgery earlier had lower rates of nonunion, avascular necrosis of the femoral head, urinary tract infections, decubitus ulcers, pneumonia, venous thromboembolism, delirium, pain and death, and had better long-term functional status than did those who underwent surgery later.[34] Current consensus advocates a delay in surgical intervention of 24 to 48 hours after admission, to correct metabolic

disturbances and to optimize chronic medical conditions, which may improve overall outcomes.

COMORBID ILLNESSES AND THE DEVELOPMENT OF POSTOPERATIVE DELIRIUM

The co-morbid illnesses most prevalent in this group of patients were diabetes, hypertension and associated atherosclerotic disease, i.e. ischemic heart disease and cerebrovascular disease. Definite association between known ischemic heart disease (P Value 0.006) and past cerebrovascular accident (P Value 0.014) were seen with postoperative delirium. Patients having diabetes with hypertension in this study were found to develop delirium (P Value 0.051). Underlying diabetes, hypertension and atherosclerotic disease would predispose the patient to develop ischemic complications, be it cardiac, cerebrovascular or renal in the stress-prone intra and postoperative period. The presence of these co-morbidities itself resulted in need for delay in surgery for stabilization and treatment. Manifestation of cerebrovascular or myocardial disease in the postoperative period also had associated delirium in this group of patients, as a result of pain, dyspnea with or without hypoxia, and impairment of cerebral function due to ischemia.

It is difficult to comment on other co-morbid illnesses associated with postoperative delirium, as these subpopulations

were very small. The other co-morbid association that was seen was the presence of visual impairments (P value 0.013). In this study, no formal visual testing was done, but rather based on questioning the patient whether he/she had a visual problem or, the presence or absence of a cataract. However, this finding is in keeping with previously quoted studies which indicate that lack of adequate visual stimulus due to impairment further predisposes these individuals to delirium [13, 19]. Lack of auditory stimulus in patients with hearing impairment has also been shown to be associated with confusional states [13,19.] In this study, auditory impairment could not be adequately tested and hence a comment on association with delirium cannot be made.

DRUGS AND ASSOCIATION WITH POST OPERATIVE DELIRIUM

In western studies it has been shown that patients on psychotropic drugs and anticholinergics were more prone to development of delirium [16]. Western populations also tended to be on more drugs (polypharmacy) than the Indian population in our study. Other drugs such as Oral Hypoglycemic Agents (OHAs) result in hypoglycemia, diuretics result in electrolyte imbalances, antidepressants and sedatives may all contribute to the development of delirium. It is difficult to comment on the association of various drugs with the development of delirium in this sub-population of

patients. Firstly, there were too few patients who used each subclass of drug to make any sort of meaningful interpretation. Secondly, the drugs used by this group of patients were primarily OHAs, antihypertensives and antianginal drugs. This particular population did not show significant prior use of antidepressants, sedatives or psychotropic drugs.

No definite associations were seen with drug intake and development of postoperative delirium. However, alcohol and smoking were found to be associated with delirium in this population of patients.

PERIOD LEADING TO ADMISSION

74 out of 81 patients had a hip fracture secondary to a trivial fall. This implicates an underlying bone disease, most probably osteoporosis, as no other cause was evident.

The mean duration of days from onset of injury to treatment sought at CMCH was 17.2 days (range from 1 day to 1 year, mean 2 days, mode 1 day). This value is skewed due to a few patients who presented late and were being managed conservatively elsewhere. There was no significant association of delay in admission with the onset of preoperative (p value 0.449) or postoperative delirium (p value 0.399). However the patients who developed delirium had a longer delay in admission than those who did not develop delirium in

the post operative period (12.93 versus 32.41 days) though not was not found to be statistically significant.

In the interim period from the injury to seeking treatment at CMCH, 46 patients were managed by private practitioners where treatment with painkillers was given. Two patients had traction as well. 10 patients were treated by indigenous practitioners and 25 were seen directly at CMCH. 9 patients were treated with splints. There was no significant association seen with where or what type of treatment given to the patient prior to arrival at CMCH and the development of postoperative confusional state.

OPERATIVE DETAILS

There was no association seen with whether the surgery was done as an elective or emergency procedure and the development of delirium (P Value 0.162).

61.7% of the patients underwent dynamic hip screw fixation and 28.4% underwent either a hemi-arthroplasty or bipolar arthroplasty. The mean operating time was 2.53 hours (2.42 hours in patients who did not develop delirium versus 3.33 hours in patients who did develop delirium). There was a significant association of the duration of surgery and the onset of postoperative delirium P value <0.001. The longer intraoperative period probably indicates longer duration of anesthesia, treatment of additional fractures,

additional manipulation and fixation of the hip fracture or probable intraoperative complications, all of which could contribute to the development of postoperative delirium.

ANESTHESIA DETAILS

An ASA grade >2 was found to be associated with postoperative delirium (OR 5.43, 95%CI 1.66-17.66). This finding is corroborated by the study done by Khwaja.J. et.al.[2.] This is an obvious finding as patients with a higher ASA score would have substantially more risk factors as compared to patients with lower scores and hence, would have more risk factors that would contribute to the development of postoperative delirium.

53.1 percent of patients had general anesthesia while 43.2 percent of patients underwent spinal anesthesia. There was no association of type of anesthesia given (GA P Value 1.83, SA P Value 0.658) and the development of postoperative delirium. A total of 5 patients were maintained on epidural anesthesia for 24 to 48 hours. There were no documented intraoperative arrhythmias or hypoxia. 7 patients had transient intraoperative hypotension of which 2 patients went on to develop postoperative delirium (P Value 0.606).

2 patients required ICU care postoperatively of which 1 progressively deteriorated and was subsequently discharged at

request. 4 patients were on anticoagulation postoperatively of which 1 patient had been on oral anticoagulants for one month prior to admission for probable DVT. Majority of the patients did not receive prophylactic anticoagulation. Previous studies have shown the beneficial role of prophylactic anticoagulation for geriatric patients and with the number of suspected cases of postoperative suspected pulmonary embolism, cerebrovascular accidents and myocardial events there appears to be a definite role for anticoagulation in our setting as well.

POSTOPERATIVE CLINICAL AND BIOCHEMICAL PARAMETERS

On analysis, postoperative tachypnea (P Value 24hrs 0.004, P Value 48hrs 0.001), tachycardia (p Value 24hrs 0.007), and fever (p value <0.001) were associated with postoperative delirium. These signs would be components of response to infection, myocardial event, pulmonary embolism or cerebrovascular accident rather than isolated indicators of an acute confusional state. A total WBC count was done on 14 patients, most within the normal range (mean 10,857 cells/cumm). It has been suggested that a normal WBC count may be indicative of an inability to mount an adequate stress response, which was shown to be associated with altered mental status in a previous study[2].

PACKED CELL VOLUME AND ITS ASSOCIATION WITH POST OPERATIVE DELIRIUM

There was a significant association between preoperative PCV and the onset of postoperative delirium (P value 0.023). This can be explained by the fact that anemia results in hypoxia and consequently, in altered sensorium. However, there was no significant association noted between postoperative PCV (p value 0.063) and fall in PCV (p value 0.403) with the development of postoperative delirium. The post operative PCV and fall in PCV would have to be analyzed with caution as preoperative and intraoperative transfusions have not been taken into account. The question arises as to whether transfusions themselves are contributing to the development of delirium in this subgroup of patients because despite the fact that patients with low PCV were transfused, they went on to develop delirium.

CAUSES OF DELIRIUM

The various associated conditions at the time when delirium was detected, had been noted as possible causes for delirium as documented by the treating doctor. It is not possible to maintain a cause and effect relationship between the associated condition/ co-morbidity that developed postoperatively and delirium. However, it is possible to consider that a particular condition or conditions may

have contributed to the development of acute confusional states postoperatively. In this group 5 patients did not have any cause detected. Myocardial ischemia, cerebrovascular accidents and pulmonary embolism were the next most common postoperative conditions. However, pulmonary embolism was not confirmed in three out of the four cases. Oddly enough, infections and electrolyte imbalances did not seem to play a major role in this group of patients. Since laboratory parameters and clinical profiles of patients were not looked for in patients who did not develop delirium it is not possible to delineate patterns or associations between patients who did and did not develop delirium.

CONDITION AT DISCHARGE

Of the 81 patients, 79 recovered and were discharged. 1 patient was moribund and was discharged at request and 1 patient died in the hospital. The patient who was discharged at request had developed a lower respiratory tract infection with renal shutdown and severe metabolic acidosis. In the patient who died, the proposed cause of death was myocardial infarction or massive pulmonary embolism.

89% of the patients were either total or partial weight bearing at the time of discharge. Postoperative delirium had an association

with limited ambulation at the time of discharge (OR 6.25, 95%CI (1.46 TO 26.73)).

On multivariate analysis, the presence of underlying dementia, duration of surgery, preoperative packed cell volume and underlying ischemic heart disease were found to be independent risk factors that were associated with the development of postoperative delirium.

This study has identified a number of factors that may be associated with the development of postoperative delirium. As can be seen, postoperative delirium has a direct effect on the duration of hospital stay, cost issues as well as subsequent ambulation and recovery of the patient. Hence, it would be necessary to identify and if possible, preempt these particular factors when treating this population of patients. It would be necessary to conduct a larger study to further delineate associated factors, their causality and possible therapeutic options in order to prevent postoperative delirium. There have been a number of western studies that have used various therapeutic strategies and nursing methods which have shown benefit in geriatric patients with hip fracture[28]. We would need to conduct similar studies to identify therapeutic strategies that would be feasible and cost effective in our Indian context.

LIMITATIONS

This study is a descriptive study with an analysis of associations with altered confusional states in geriatric patients with hip fractures that have been admitted in the orthopedic department. The patients were to be recruited as consecutive cases of patients above the age of 60 who had presented for the first time to the orthopedic department and underwent surgery. The recruitment and initial evaluation of the patient preoperatively was performed by a single examiner. However, the time from admission to the initial evaluation varied. This fact in itself would have affected the outcome of the study as the patients who were interviewed in the acute stages or at initial presentation in casualty were more likely to have had altered sensorium than those who were assessed after transfer to the ward.

Secondly, the subsequent post operative evaluation of the patients was done only once a day. The study was designed to evaluate delirium only at that point in time and hence, altered sensorium at other times in the day was not taken into account. This in itself would underestimate the incidence of delirium in this population. The evaluation of the patients was done on the basis of a questionnaire by a single examiner, and hence there is a possibility of interviewer bias, but this does maintain uniformity in the method and clinical examination of the patients.

The evaluation of dementia in this population at admission would be hampered by the presence of delirium. Hence, apart from the MMSE score that was why the CSID questionnaire was administered to the relatives to try and eliminate the effect of existing delirium on the evaluation of dementia. However, there were two basic problems with administering these two questionnaires. The MMSE was administered at a time when the patient was in pain or had ongoing delirium, which in itself would give a falsely low score. Secondly, the MMSE was difficult to administer to this population especially due to the issues of culture, language and literacy, where the tests of writing and to some extent, calculation were not possible. Hence in a large number of cases, the baseline score would actually have been around 26-27.

Finally, being a descriptive study, it is only possible to claim association for the various factors and delirium. Also the fact that the size studied is small makes it difficult to actually rule out association of factors that were found to be insignificant in the final analysis. A study on a larger scale needs to be conducted to further substantiate these findings.

CONCLUSION

1) Of the 81 patients 21% of the patients developed delirium postoperatively. 7 patients had preoperative delirium and 11 patients had underlying dementia.

2) On univariate analysis the presence of underlying dementia (OR 10.5), low MMSE score (P value **0.021)**, had an association with postoperative delirium. The presence of underlying illnesses as ischemic heart disease (OR 4.80), diabetes with hypertension (OR 3.03), history of stroke (OR 6.26) and visual impairment (OR 4.28) were also associated with delirium.

The presence of postoperative delirium increased duration of hospital stay by 3 days. Patients who developed postoperative delirium had a delay in surgery by almost 2 days as compared to the patients who did not develop delirium (P Value 0.014). Patients who developed postoperative delirium were delayed in arrival at CMC following hip fracture though this was not statistically significant. The type of surgery and anesthesia was not associated with delirium. However, prolonged duration of surgery was associated with postoperative delirium (P value <0.001).

A low preoperative PCV was associated with postoperative delirium (P value 0.023), though postoperative PCV or fall in PCV showed no significant association. A high preoperative ASA score

>2 was associated with postoperative delirium (P value 0.003). Postoperative delirium was associated with tachypnea, tachycardia and the presence of fever.

3) Of the patients who developed postoperative delirium 5 patients had no ascertainable cause. The other important associated conditions postoperatively were seen to be myocardial events, cerebrovascular events and probably pulmonary embolism. Postoperative delirium was associated with poor ambulation at discharge (OR 6.25).

4) On multivariate analysis the presence of underlying dementia (OR16.97), duration of surgery > 2.5hrs (OR 8.22), preoperative packed cell volume < 25 (OR 8.07) and underlying ischemic heart disease (OR 6.83) were found to be independent risk factors that were associated with the development of postoperative delirium.

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ANNEXURE - 1

Defining the different variables

1. ***Address***: The area of residence as described by the patient and records. The patients were divided into two groups - those that belonged to areas within Tamil Nadu/ Chittoor and those that had come from out of Tamil Nadu. The reason for this division was to look at the population that came for medical attention as well the distance from the Hospital would have implications on the time it took for seeking medical attention at the tertiary center.

2. It was determined whether the patients stayed at home with family or whether they were kept in an old peoples home, nursing home or were destitute. It was also determined on interview whether the patient was actively working (based on his/her occupation). Housewives were taken to be working if they were actively performing household duties as they were previously accustomed to.

3. Date of Admission, Date of Surgery and the Date of discharge were documented not taking into account the exact time.

4. The type of fracture and the grade of the fracture was classified based on the radiological appearance as determine by the Orthopedician. Necks of femur fractures were not graded but the Intertrochanteric fractures were graded based on the Tronzo classification.

Tronzo's classification (1973)
Type 1: Incomplete fractures
Type 2: Uncomminuted fractures, with or without displacement; both trochanters fractured
Type 3: Comminuted fractures, large lesser trochanter fragment; posterior wall exploded; neck beak impacted in shaft
Type 3 Variant: As above, plus greater trochanter fractured off and separated
Type 4: Posterior wall exploded, neck spike displaced outside shaft
Type 5: reverse obliquity fracture, with or without greater trochanter separation

5. Associated fractures were defined as fractures which had occurred at the same time as that of the hip fracture and were defined as those that involved the head and neck, spine, upper and lower limbs.

6. The Barthel index was assessed after interview of the patient's attendant to assess the functional status of the patient *prior* to the fracture.

7. The **CAM (community assessment method) Score** was done and it was determined whether the patient had delirium or not. These groups of patients were investigated at the discretion of the treating surgeon. However, the profile of the patients and the causes of delirium preoperatively were not in the scope of the study.

8. The **Community Screening Interview for Dementia (CSI'D') Questionnaire** was done based on an interview with the attendant, an individual who had been living with the patient prior to the fracture. The reason for this assessment was because the MMSE would be erroneous in those patients who had existing delirium at the time of interview.
The CSI 'D' was developed as a screening instrument for dementia for use in cross-cultural studies. It consists of two components, a cognitive test for non-literate and literate populations and an informant interview regarding

performance in everyday living. The results demonstrate the adaptability and utility of the CSI 'D' in populations from very different socioeconomic backgrounds. The informant data adds significantly to the performance of the CSI 'D' as a dementia screen. The combination of informant and cognitive scores in a discriminant score produces better sensitivity and specificity for dementia than cognitive scores alone. The informant score has a significant independent effect in predicting dementia and has been used alone in this study [31]. This particular questionnaire has been translated into Tamil and is currently in use for studies by the Psychiatry department in CMCH Vellore.

9. An MMSE was done on the patient in their language with the help of relatives, nursing staffs that were more fluent in that language.

10. Co morbid conditions

a. Diabetes: A Patient was attributed Diabetes if he/she had previously been diagnosed to have diabetes (AC>127mg% or PC >200) and had been on drugs for the same, or had abnormally high sugars at the time of admission (RBS > 200).

b. Hypertension: A Patient was attributed Essential hypertension if they had history of hypertension (BP >160/90mmHg) and had been on antihypertensives historically and had documented high blood pressure on admission requiring antihypertensives.

c. A patient was attributed Congestive Heart Failure if he had features of CHF at admission historically or on examination or had failure controlled but requiring anti failure medications including diuretics.

d. Ischemic Heart disease was determined based on history of effort or rest angina or angina equivalent, past history of Myocardial infarction, or past history of coronary revascularization procedures and treatment for the same. The patient was also put in the category of IHD if they had symptoms and ECG evidence of myocardial ischemia as corroborated by a cardiologist.

e. Heart blocks were identified based on ECG and as corroborated with the cardiologist. If a patient developed a heart block on admission and required a pacemaker he was also put into this group.

f. Peripheral Vascular disease was defined as patients that had definite evidence of claudication and past treatment for the same.

g. Renal Failure: A patient was attributed renal failure if he had history of renal failure and treatment for the same prior to admission or had an elevated Serum Creatinine (>1.4mg %) at admission.

h. COPD/Asthma: were attributed to the patient if there was past history of a chronic wheezing illness and a diagnosis and treatment in the past or history and current findings suggestive of COPD/Asthma on admission.

i. Cerebrovascular accidents: Past history of a cerebrovascular accident whether ischemic or hemorrhagic.

j. Parkinson's disease: History and findings suggestive of Parkinson's disease and treatment for the same.

k. Infections: If there was evidence of Lower Respiratory Infection, Urinary tract infection or wound infection at the time of admission as based on history, examination and investigations and treatment instituted for the same at the treating physician's discretion.

l. Depression: Patients were diagnosed to have depression if they had past history of depression as per records and treatment for the same.

m. Visual and Auditory Impairment: On the basis of history. A formal ophthalmologic and auditory examination was not done.

n. Known malignancy on current treatment for the same.

o. Disability: existing deformity, arthritis which affects ambulation or requires support for ambulation.

11. Alcohol Consumption:

i. 0 - No alcohol consumption
ii. 1 - Occasional alcohol consumption upto twice a month
iii. 2 - Regular alcohol consumption (1 – 3 times a week)
iv. 3 – Alcohol dependent (>3 times a week)

12. Smoker – a person who is currently smoking or has regularly smoked in the past 2 years regardless of the quantity.

13. Current Drug usage: All drugs that the patient is *currently* on at the time of admission.

14. How the fracture occurred as defined by

a) Trivial fall – any fall that occurred doing normal day to day activity

b) Violent injury – any injury that occurred as part of a road traffic accident or a fall from a height

15. Prior to the arrival in CMCH

a) Time since fracture till the arrival at the CMC hospital in days

b) Where the patient received treatment prior to arriving at CMCH – (none/indigenous/private practitioner)

c) What treatment was administered prior to arrival to CMCH – (none/drugs/Splints)

16. Operative and intraoperative details

a) Time from admission in CMCH to day of surgery in days

b) Type of surgery that was performed

c) Whether the surgery was taken up as an emergency or elective procedure as documented by the anesthetists.

d) Duration of surgery from induction to arrival in the recovery room in hours.

e) ASA (American Society of Anesthesiologists) grading of risk of surgery as documented by the anesthetist.

ASA CLASSIFICATION

CLASS	DESCRIPTION
I	The patient is normal and healthy
II	The patient has mild systemic disease that does not limit their activities (e.g., controlled hypertension or controlled diabetes without systemic sequellae)
III	The patient has moderate or severe systemic disease, which does limit their activities (e.g., stable angina or diabetes with systemic sequellae).
IV	The patient has severe systemic disease that is a constant potential threat to life (e.g., severe congestive heart failure, end-stage renal failure).
V	The patient is morbid and is at substantial risk of death within 24 hours, with or
E	Emergency status: In addition to indicating underlying ASA status (1-5), any patient undergoing an emergency procedure is indicated by the suffix "E". For example, a fundamentally healthy patient undergoing an emergency procedure is classified as 1-E. If the patient is undergoing an elective procedure, the "E" designation is not used.

f) Type of anesthesia used (General anesthesia vs. spinal anesthesia)

g) Intra operative complications:

i) Hypotension as defined as systolic BP < 100

ii) Hypoxia as defined as a SaO_2 <90%

iii) Tachycardia/ Bradycardia (HR >120 or <60)

16. Post operative details

a) Requiring admission in the Intensive Care Unit during the hospital stay

b) The type of analgesia that was used in the first 48 hours –

Narcotics/ NSAIDs/ Epidural

c) Documented evidence of Deep vein thrombosis through a venous Doppler

d) Use of anticoagulants either prophylactic or as treatment after documented DVT/ Pulmonary embolism.

17. Delirium detected after 72 hours that were out of the purview of the stipulated observation of 48 hours.

18. Associated conditions that were present at the time of the detection of delirium that could contribute to the development of delirium. These conditions are probable contributors to the development of delirium but this is only an assumption made on association by the treating doctor and investigator.

a) Hyponatremia (serum sodium documented at the time of delirium <130)

b) Dehydration (as detected on clinical signs, decreased urine output and thirst)

c) Renal failure (as documented by the presence of serum creatinine >1.4)

d) Respiratory failure (as documented by a PaO_2 <90/ P: F ratio < 4; $PaCo_2$>45)

e) Infections: Lower Respiratory tract infection – presence of fever, tachycardia, leukocytosis, clinical signs of consolidation or the presence of a patch on Chest X-ray)

Urinary tract Infection – presence of fever, tachycardia, leukocytosis, dysuria or pyuria or urine culture positive.

Wound Infection - presence of discharge from the site of the surgical wound, fever, leukocytosis, organism on culture and requirement for further surgical debridement.

f) Hypotension - as documented as SBP<100

g) Hypoglycemia – as documented as a Glucometer Blood sugar value <60mg%

h) Presence of fever (Oral Temperature > 100^o F)

i) Cerebrovascular accident: A new neurological deficit developing during the post operative period. Supportive evidence by neuroimaging (CT scan).

j) Pulmonary embolism

k) Myocardial infarction

l) Delirium no cause identified: cases where no definite identifiable cause was present.

19. Ambulation at discharge: as described as partial, non or full weight bearing as compared to patients who were bedridden at discharge.

ANNEXURE – 2

PROFORMA

Serial Number:
Name:
Hospital Number:
Ward:
Age:
Sex: Male/ Female
Address:
Lives at home?
Occupation:
Date of Admission:
Date of Surgery:
Date of Discharge:
Duration of Hospital stay

Type of Fracture: Fracture Neck of Femur
Intertrochanteric fracture
Side: Right/ Left
Associated Fractures:

Premorbid functional status: Barthel Index score - __, __, __, __, __, __, __, __, __, __

= _____

Delirium (CAM score) – ___ Present/ Absent

(MMSE score = ___)

Presence of existing dementia *CSI (D)* - Y / N

Co morbid Conditions:

1. DIABETIC Y / N
2. HYPERTENSIVE Y / N
3. CARDIOVASCULAR : CHF/ IHD/ ARRHYTHMIA Y / N
4. RENAL : ARF/ CRF Y / N
5. RESPIRATORY: COPD / ASTHMA Y / N
6. CNS : CVA – ISCHEMIC/HEMORRHAGIC Y / N
7. GASTROINTESTINAL/ LIVER Y / N
8. INFECTION: LRI/ UTI Y / N
9. PSYCHIATRIC ILLNESS – Depression/ Mood disorders Y / N
10. VISUAL/ AUDITORY DISABILITY Y / N
11. DIAGNOSED MALIGNANCY Y / N
12. MISCELLANEOUS – Anemia Y / N

Alcohol consumption:
Smoker:

DRUG TREATMENT – Oral Hypoglycemic Agents
Antihypertensive
Cardiac medications – Diuretics, Digoxin, Antiarrhythmics
Antipsychotic / Anti depressants
Anticholinergics/ Antihistamines

History regarding the occurrence of the Hip Fracture

1. How did the fracture occur? – Trivial Fall / Violent injury
2. Time between onset of injury and medical attention at CMCH – 24h/ 48h/ >48h
3. Medical Attention received elsewhere – Indigenous practice / Private hospital

Splint used / Pain killers given

Operative details

Time between admission and surgery - <24h/ 24 – 48h/ >48h

Type of surgery:
Elective/ Emergency
Duration of surgery

Anesthesia assessment – ASA Class
Type of Anesthesia used
Intra and immediate post operative complications –
Hypotension
Tachycardia/ Bradycardia/Arrhythmia
Fall in Oxygen Saturation
Others
Did the patient require ICU care – Yes/ No
Reason
Analgesia received: Narcotics/NSAID/Epidural

Presence of DVT
Is the patient receiving prophylactic anticoagulation?

Post Operative Evaluation

	24 HOURS	48 HOURS	
CAM SCORE – DELIRIUM PRESENT?			
BLOOD PRESSURE			
HEART RATE			
RESPIRATORY RATE			
FEVER			
INTAKE/OUTPUT			
CLINICAL FINDINGS			
POST OP HEMOGLOBIN			

INVESTIGATIONS IN PATIENTS WITH DELIRIUM

no	**INV**	**VALUE/RESULT**
1	**BLOOD SUGAR**	
2	**CREATININE**	
3	**SODIUM**	
4	**POTASSIUM**	
5	**HEMOGLOBIN**	
6	**TOTAL COUNT**	
7	**CHEST XRAY**	
8	**OTHERS**	

Diagnosis made for the cause of delirium

1) Electrolyte abnormality/ Dehydration
2) Respiratory Failure
3) Renal failure
4) Infection – Source?

Patient at discharge: RECOVERED/ DEATH

IF Died (Cause of death:_____)

Ambulation at discharge

ANNEXURE – 3

MINI MENTAL STATE EXAMINATION (MMSE)

	TEST	**MAX SCORE**	**PATIENT'S SCORE**
1.	Day, date, month, year, season	5	
2.	Place, town, district, state, country	5	
3.	Name three objects. Ask patient to repeat	3	
4.	Subtract 7 from 100 five times alternatively, Spell world backwards	5	
5.	Ask patient to recall the 3 objects names given earlier	3	
6.	Repeat the following "no ifs and or buts"	3	
7.	On blank paper write the following in large letters and ask the patient to read and obey. "close your eyes"	1	
8.	Read this statement then give the patient a piece of paper "take this paper with your right hand, fold it in half, and put it on the floor"	3	
9	Ask the patient to write a sentence	1	
10.	Ask the patient to copy a design of two intersecting pentagons	1	
	TOTAL	**30**	

Mild to moderate cognitive dysfunction 18 – 25

Severe cognitive dysfunction <18

ANNEXURE – 4

The Confusion Assessment Method (CAM) Diagnostic Algorithm

Feature 1: Acute Onset and Fluctuating Course

This feature is usually obtained from a family member or nurse and is shown by positive responses to the following questions:
Is there evidence of an acute change in mental status from the patient's baseline? Did the (abnormal) behavior fluctuate during the day, that is, tend to come and go, or increase and decrease in severity?

Feature 2: Inattention

This feature is shown by a positive response to the following question:
Did the patient have difficulty focusing attention, for example, being easily distractible, or having difficulty keeping track of what was being said?

Feature 3: Disorganized thinking

This feature is shown by a positive response to the following question:
Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?

Feature 4: Altered Level of consciousness

This feature is shown by any answer other than "alert" to the following question:
Overall, how would you rate this patient's level of consciousness? (alert [normal]), vigilant [hyper alert], lethargic [drowsy, easily aroused], stupor [difficult to arouse], or coma [unarousable])

The diagnosis of delirium by CAM requires the presence of features 1 and 2 and either 3 or 4.

ANNEXURE – 4

THE BARTHEL INDEX

Patient Name: _____
Rater Name: _____
Date: _____

Activity Score

FEEDING
0 = unable
5 = needs help cutting, spreading butter, etc., or requires modified diet
10 = independent _____

BATHING
0 = dependent
5 = independent (or in shower) _____

GROOMING
0 = needs to help with personal care
5 = independent face/hair/teeth/shaving (implements provided) _____

DRESSING
0 = dependent
5 = needs help but can do about half unaided
10 = independent (including buttons, zips, laces, etc.) _____

BOWELS
0 = incontinent (or needs to be given enemas)
5 = occasional accident
10 = continent _____

BLADDER
0 = incontinent, or catheterized and unable to manage alone
5 = occasional accident
10 = continent _____

TOILET USE
0 = dependent
5 = needs some help, but can do something alone
10 = independent (on and off, dressing, wiping) _____

TRANSFERS (BED TO CHAIR AND BACK)
0 = unable, no sitting balance
5 = major help (one or two people, physical), can sit
10 = minor help (verbal or physical)
15 = independent _____

MOBILITY (ON LEVEL SURFACES)
0 = immobile or < 50 yards
5 = wheelchair independent, including corners, > 50 yards
10 = walks with help of one person (verbal or physical) > 50 yards
15 = independent (but may use any aid; for example, stick) > 50 yards _____

STAIRS
0 = unable
5 = needs help (verbal, physical, carrying aid)
10 = independent _____

TOTAL (0–100): _____

ABSTRACT

THE CLINICAL PROFILE AND ASSOCIATIONS OF DELIRIUM IN GERIATRIC PATIENTS WITH HIP FRACTURES

Chief Investigator: Dr. Anugrah Chrispal
Guide: Dr. Prasad Mathews

Background: Delirium is a common problem in hospitalized geriatric patients with hip fractures. Studies in the West have revealed a number of risk factors for the development of post operative delirium. Similar, studies have not been conducted in an Indian population who has a different clinical profile and risk factors. Thus, it is important to delineate the clinical profile and associations of post operative delirium which will then enable us to implement appropriate interventions to decrease the incidence of delirium in our patients.

Aims and Objectives: To ascertain the incidence of delirium in geriatric patients admitted for the treatment of hip fractures in the Department of Orthopedics of a tertiary care referral center in South India, to delineate their clinical profile and identify probable contributing factors for development of delirium in this group of patients.

Study Design: The study was a prospective descriptive study design that was conducted on patients above the age of 60 years, admitted to the orthopedic ward with hip fracture – either neck of femur fracture or intertrochanteric fracture and who underwent hip surgery. A total of 81 patients were recruited from May 1st 2004 to April 30th 2005 (total duration of one year).

Results: Of the 81 patients 21% of the patients developed post operative delirium. On univariate analysis the presence of underlying dementia (OR 10.5), low MMSE score (P value **0.021)**, ischemic heart disease (OR 4.80), diabetes with hypertension (OR 3.03), history of stroke (OR 6.26) and visual impairment

(OR 4.28), low preoperative PCV (P value 0.023) and a high ASA score (P value 0.003) were associated with postoperative delirium. The presence of postoperative delirium increased duration of hospital stay by 3 days and was associated with poor ambulation at discharge (OR 6.25).

On multivariate analysis the presence of underlying dementia (OR16.97), duration of surgery > 2.5hrs (OR 8.22), preoperative packed cell volume < 25 (OR 8.07) and underlying ischemic heart disease (OR 6.83) were found to be independent risk factors that were associated with the development of postoperative delirium.

Conclusions: The study has delineated the extent of the problem of delirium in geriatric patients with hip fracture in this population as well as the various associations with post operative delirium. There needs to be further studies with larger populations of patients as well as appropriate interventions implemented based on these findings.

SENUMBER	NAME	HOSPNUMB	AGE	SEX	ADDRESS	ATHOME	OCCUPAT	DOA	DOS
1	SAROJA	665889B	67	0	0	1	0	24-May-2004	25-May-2004
2	ARUMUGAM	466968C	70	1	0	1	0	24-May-2004	28-May-2004
3	RAMACHANDRAN.V	467307C	87	1	0	1	0	25-May-2004	27-May-2004
4	SILUVAI MARY	462598C	84	0	0	1	0	29-May-2004	02-Jun-2004
5	JANET GNANAMUTHU	312260A	75	0	0	1	0	30-May-2004	30-May-2004
6	PRATHAPA MANDIRI	462901C	75	1	0	1	0	10-Jun-2004	10-Jun-2004
7	ELUMALAI	006061B	60	1	0	1	1	12-Jun-2004	13-Jun-2004
8	RAM DAS VERMA	662171B	69	1	1	1	0	01-Jun-2004	16-Jun-2004
9	SAROJINI RICHARDS	462204C	75	0	0	1	0	13-Jun-2004	13-Jun-2004
10	NAGARATHINAMMA	475009C	83	0	0	1	0	15-Jun-2004	16-Jun-2004
11	MARY	667046A	60	0	0	1	0	16-Jun-2004	16-Jun-2004
12	RAJA RATHINAM. K	266668B	60	1	0	1	1	21-Jun-2004	22-Jun-2004
13	THIRUVAKKARASU	382405C	70	1	0	1	0	23-Jun-2004	24-Jun-2004
14	PRAKASAM	663880B	64	1	0	1	1	16-Jun-2004	01-Jul-2004
15	BOLAI CHANDRA KANTA	487889C	70	1	1	1	1	06-Jul-2004	07-Jul-2004
16	NATHAMUNI	475619C	69	1	0	1	0	09-Jul-2004	11-Jul-2004
17	PATTAMAL.P	475669C	72	0	0	1	0	10-Jul-2004	11-Jul-2004
18	BOJJI RAJU	492696C	60	1	1	1	0	12-Jul-2004	16-Jul-2004
19	LOGAMMAL	663194B	60	0	0	1	1	12-Jul-2004	15-Jul-2004
20	SUNDERASEN	493765C	83	1	0	1	0	14-Jul-2004	20-Jul-2004
21	MICHEL MARY	490001C	70	0	0	1	0	22-Jul-2004	23-Jul-2004
22	KUPPU	496574C	60	0	0	1	1	24-Jul-2004	28-Jul-2004
23	ANDAL. B	503037C	65	0	0	1	1	31-Jul-2004	03-Aug-2004
24	LAKSMANA CHETTIAR	396549A	65	1	0	1	0	31-Jul-2004	31-Jul-2004
25	DHANALAKSMI	559930B	66	0	0	1	0	31-Jul-2004	03-Aug-2004
26	PUSHPA RANI GHOSH	503306C	70	0	1	1	0	03-Aug-2004	04-Aug-2004
27	SUKUMAR PAUL	506344C	65	1	1	1	0	06-Aug-2004	12-Aug-2004
28	CHITRA BALA BERA	506209C	73	0	1	1	0	09-Aug-2004	10-Aug-2004
29	CHENGALVARAYAN	508629C	66	0	0	1	0	11-Aug-2004	14-Aug-2004
30	JAYA RAJU	497623C	72	1	0	1	0	12-Aug-2004	12-Aug-2004
31	KRISHNA REDDY	508540C	72	1	0	1	0	16-Aug-2004	18-Aug-2004
32	VENKATACHALAM	781963A	67	1	0	1	0	24-Aug-2004	25-Aug-2004
33	SHAKUNTALA JAMES	289782C	70	0	0	1	0	11-Sep-2004	11-Sep-2004
34	ATHIAMMA	522343C	99	0	0	1	0	29-Sep-2004	30-Sep-2004
35	HAMSAVENI	756802A	79	0	0	1	0	28-Sep-2004	29-Sep-2004
36	KANTHAMMA	188048B	70	0	0	1	0	23-Sep-2004	26-Sep-2004
37	RATHNAMMA	521047C	80	0	1	1	0	05-Sep-2004	09-Sep-2004
38	SIVAPRAKASAM	537013C	68	1	0	1	0	08-Oct-2004	09-Oct-2004
39	SHAKUNTALA	526742C	65	0	1	1	0	09-Oct-2004	14-Oct-2004
40	PATTU RATHNAM	537945C	73	0	0	1	0	10-Oct-2004	11-Oct-2004
41	DELLI	526842C	61	0	0	1	1	11-Oct-2004	12-Oct-2004
42	MUNIRATHNAM	093536A	67	1	0	1	0	12-Oct-2004	15-Oct-2004
43	SENGAMALAM	533759C	60	0	0	1	0	19-Oct-2004	21-Oct-2004
44	STANLEY	072300A	67	1	0	1	0	20-Oct-2004	27-Oct-2004
45	THULASI	849441B	65	0	0	1	0	27-Oct-2004	29-Oct-2004
46	GOLOK GOSWAMI	539948C	66	1	1	1	0	04-Nov-2004	05-Nov-2004
47	NAVANEETHAMAL	550808C	85	0	0	1	0	23-Nov-2004	23-Nov-2004
48	MALATHI	560633C	65	0	0	1	0	02-Dec-2004	03-Dec-2004
49	RAMANJALU NAIDU	526477C	80	1	0	1	0	02-Dec-2004	03-Dec-2004
50	KUPPAMAL	922301A	85	0	0	1	0	11-Dec-2004	14-Dec-2004
51	SARATHAMMAL	570838C	73	0	0	1	0	20-Dec-2004	20-Dec-2004
52	KALYANIAMMAL	585840C	84	0	0	1	0	20-Jan-2005	24-Jan-2005
53	SELVAM	600593C	75	1	0	1	0	08-Mar-2005	09-Mar-2005
54	HAMSAVENI	573951C	66	0	0	1	0	27-Dec-2004	30-Dec-2004
55	SAKUNTALA	562858C	80	0	0	1	0	01-Jan-2005	02-Jan-2005
56	SRIRAMULU	562969C	65	1	0	1	0	03-Jan-2005	03-Jan-2005
57	SUSAR CHANDRA LAIK	575946C	76	1	1	1	0	03-Jan-2005	04-Jan-2005
58	MANGALAM	562836C	75	0	0	1	0	03-Jan-2005	05-Jan-2005
59	NAGAMMAL	574035C	82	0	0	1	0	04-Jan-2005	04-Jan-2005
60	AMLA MARY	579847C	78	0	0	1	0	07-Jan-2005	11-Jan-2005
61	RAJAMMAL	574258C	80	0	0	1	0	11-Jan-2005	14-Jan-2005
62	IRA MUKHERJEE	439775C	62	0	1	1	0	13-Jan-2005	18-Jan-2005
63	KALAYANIAMMAL	585840C	84	0	0	1	0	20-Jan-2005	24-Jan-2005
64	SANKARAMMA	585359C	70	0	0	1	0	21-Jan-2005	28-Jan-2005
65	CHINNADURAI	221692B	72	1	0	1	1	22-Jan-2005	25-Jan-2005
66	KIRUBAMANI	655865C	70	0	0	1	0	30-Jan-2005	01-Feb-2005
67	KUMARASWAMY	353824C	87	1	0	1	0	29-Jan-2005	01-Feb-2005
68	CHINNAMAL	587812C	77	0	0	1	0	24-Jan-2005	25-Jan-2005
69	SAMUEL	592277C	89	1	0	1	0	02-Feb-2005	07-Feb-2005
70	ARUNACHALAM	591986C	86	1	0	1	0	03-Feb-2005	04-Feb-2005

71	GOVINDASWAMY	587126C	70	1	0	1	1	07-Feb-2005	07-Feb-2005
72	LAKSMI	062925C	61	0	0	1	0	07-Feb-2005	11-Feb-2005
73	PANCHATCHARAM	46252C	60	1	0	1	1	08-Feb-2005	08-Feb-2005
74	TARAK NATH DEY	198050C	61	1	1	1	0	17-Feb-2005	18-Feb-2005
75	SULOCHANA	589899C	65	0	0	1	0	22-Feb-2005	25-Feb-2005
76	KUPPAMAL	589972C	83	0	0	1	0	24-Feb-2005	25-Feb-2005
77	RUCKAMMAL	600620C	75	0	0	1	0	14-Mar-2005	16-Mar-2005
78	GOWDA RAMASUBBAMA	613824C	64	0	1	1	0	10-Apr-2005	11-Apr-2005
79	ADIYAMMAL	613825C	64	0	0	1	0	09-Apr-2005	11-Apr-2005
80	RENU	625405C	74	0	0	1	0	23-Apr-2005	29-Apr-2005
81	LAKSMI	281834C	82	0	0	1	0	05-Mar-2005	07-Mar-2005

DOD	TYPEFRAC	SIDEFRAC	ASSFRAC	HEADFRAC	SPINEFRA	UPLIMB	LOWLIMB	BARTHEL	CAMPREOP	MMSE	CSI	DIABETES
01-Jun-2004	3	0	0	0	0	0	0	100	0	27	0	1
07-Jun-2004	3	0	0	0	0	0	0	95	0	25	0	0
07-Jun-2004	0	1	0	0	0	0	0	80	0	21	1	1
06-Jun-2004	5	0	0	0	0	0	0	85	1	16	0	0
10-Jun-2004	0	0	0	0	0	0	0	85	0	24	0	1
16-Jun-2004	3	0	0	0	0	0	0	95	0	25	0	0
18-Jun-2004	3	0	0	0	0	0	0	95	0	26	0	1
28-Jun-2004	0	1	0	0	0	0	0	75	0	26	0	1
17-Jun-2004	3	0	0	0	0	0	0	90	0	27	0	1
19-Jun-2004	4	1	0	0	0	0	0	80	0	22	0	0
24-Jun-2004	4	0	0	0	0	0	0	90	0	26	0	1
28-Jun-2004	0	0	0	0	0	0	0	95	0	28	0	0
07-Jul-2004	0	0	0	0	0	0	0	100	0	26	0	1
05-Jul-2004	0	0	0	0	0	0	0	85	0	25	0	1
31-Jul-2004	0	1	0	0	0	0	0	95	0	27	0	0
25-Jul-2004	3	0	0	0	0	0	0	95	0	25	0	0
16-Jul-2004	0	1	0	0	0	0	0	95	0	25	0	0
26-Jul-2004	5	1	0	0	0	0	0	100	0	28	0	0
19-Jul-2004	0	1	0	0	0	0	0	95	0	26	0	0
25-Jul-2004	0	0	0	0	0	0	0	85	1	20	0	0
03-Aug-2004	0	1	0	0	0	0	0	90	0	25	0	0
07-Aug-2004	3	0	1	0	0	1	0	100	0	27	0	0
09-Aug-2004	0	1	0	0	0	0	0	90	0	26	0	0
11-Sep-2004	3	1	0	0	0	0	0	90	0	23	0	1
17-Aug-2004	4	0	0	0	0	0	0	75	0	22	1	0
07-Aug-2004	3	0	0	0	0	0	0	100	0	27	0	0
15-Aug-2004	1	1	0	0	0	0	0	90	0	26	0	0
15-Aug-2004	3	1	0	0	0	0	0	75	0	20	1	0
18-Aug-2004	3	0	0	0	0	0	0	95	0	27	0	0
16-Aug-2004	0	0	1	0	0	1	0	100	0	26	0	0
27-Aug-2004	0	1	0	0	0	0	0	95	0	27	0	0
29-Aug-2004	3	1	0	0	0	0	0	95	1	18	0	0
15-Sep-2004	3	0	0	0	0	0	0	95	0	27	0	0
04-Oct-2004	4	0	0	0	0	0	0	80	0	20	1	0
07-Oct-2004	3	1	0	0	0	0	0	100	0	28	0	0
30-Sep-2004	3	0	1	0	0	1	0	100	0	25	0	1
27-Sep-2004	3	0	2	0	0	1	1	75	1	14	1	1
12-Oct-2004	3	0	0	0	0	0	0	95	0	26	0	0
23-Oct-2004	0	0	0	0	0	0	0	90	0	26	0	0
21-Oct-2004	2	1	1	0	0	1	0	95	0	24	0	1
17-Oct-2004	0	0	0	0	0	0	0	85	0	27	0	0
26-Oct-2004	3	0	0	0	0	0	0	100	0	28	0	0
26-Oct-2004	3	1	0	0	0	0	0	95	0	26	0	0
06-Nov-2004	0	1	1	0	0	1	0	95	0	26	0	1
02-Nov-2004	4	0	0	0	0	0	0	80	0	23	0	1
16-Nov-2004	0	0	0	0	0	0	0	90	0	28	0	1
29-Nov-2004	4	0	0	0	0	0	0	90	0	26	0	1
17-Dec-2004	0	0	0	0	0	0	0	90	0	26	0	0
08-Dec-2004	4	1	0	0	0	0	0	90	0	26	0	0
17-Dec-2004	4	1	0	0	0	0	0	85	0	23	1	0
29-Dec-2004	3	1	0	0	0	0	0	85	1	22	0	1
02-Feb-2005	3	0	0	0	0	0	0	80	0	20	1	0
12-Mar-2005	3	1	0	0	0	0	0	90	0	27	0	1
04-Jan-2005	3	0	0	0	0	0	0	95	0	25	0	1
06-Jan-2005	3	1	0	0	0	0	0	75	0	20	1	0
08-Jan-2005	2	0	0	0	0	0	0	95	0	28	0	0
09-Jan-2005	0	1	0	0	0	0	0	90	0	26	0	0
10-Jan-2005	3	0	0	0	0	0	0	85	0	22	0	0
11-Jan-2005	2	1	0	0	0	0	0	80	0	24	0	0
16-Jan-2005	0	0	0	0	0	0	0	95	0	26	0	1
18-Jan-2005	3	0	0	0	0	0	0	85	0	24	0	0
26-Jan-2005	0	1	0	0	0	0	0	90	0	24	0	1
31-Jan-2005	5	0	0	0	0	0	0	90	0	23	0	0
09-Feb-2005	0	1	0	0	0	0	0	90	0	24	0	1
31-Jan-2005	3	1	0	0	0	0	0	95	0	26	0	0
13-Feb-2005	4	0	0	0	0	0	0	90	0	26	0	0
04-Feb-2005	0	1	0	0	0	0	0	85	1	16	1	1
01-Feb-2005	3	1	0	0	0	0	0	85	0	24	0	0
11-Feb-2005	3	1	0	0	0	0	0	95	0	25	0	0
11-Feb-2005	4	1	1	0	0	1	0	90	0	23	0	0

09-Feb-2005	0	0	0	0	0	0	0	100	0	25	0	0
19-Feb-2005	0	1	0	0	0	0	0	80	0	26	0	0
15-Feb-2005	4	1	0	0	0	0	0	85	0	24	0	1
21-Feb-2005	2	0	0	0	0	0	0	95	0	27	0	1
08-Mar-2005	4	1	0	0	0	0	0	90	0	25	0	0
02-Mar-2005	3	0	0	0	0	0	0	80	0	25	0	0
21-Mar-2005	3	1	0	0	0	0	0	90	0	24	0	0
15-Apr-2005	0	1	0	0	0	0	0	85	0	22	0	1
21-Apr-2005	4	1	1	0	0	1	0	80	1	16	1	1
05-May-2005	0	0	0	0	0	0	0	65	0	19	1	0
28-Mar-2005	3	1	0	0	0	0	0	85	0	25	0	0

HYPERTEN	CHF	IHD	HARTBLOC	VALVE	PVD	ARF	CRF	BPH	COPD	ASTHMA	CVA	PARKINS	LRI	UTI	WOUNDINF	DEPRESS	VISUAL
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
1	1	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0
0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
1	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

AUDITORY	MALIGNAN	DISABILI	HYPOTHYR	DVT	PAGET	ALCOHOL	SMOKER	GLIB	GLIM	GLIP	METFOR	PIOG	INSULIN	ATENOLOL	AMLO
0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	1	1	0	0	1	0	0	0	1
0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
0	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	1	1	0	0	1	0	0	1	0
0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0
0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0
0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	2	1	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0
0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0
0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
0	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	1
0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0
0	0	0	0	0	0	0	0	1	0	0	1	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

NIFEDIP	ACE	DILZEM	NITRATE	NSAID	ANTIPSY	SEDATIVE	ANTIDEP	ANTIHIST	ANTICOAG	ECOSPR	RT	FRACHOW	TIMEFRAC
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	4
0	1	0	0	0	0	0	0	0	0	0	0	0	3
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	1	0	0	0	0	0	0	0	0	1	3
0	0	0	1	0	0	0	0	0	0	0	0	0	300
0	0	0	1	0	0	0	0	0	0	1	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	10
0	0	0	1	0	0	0	0	0	0	0	0	0	1
1	0	0	1	0	0	0	0	0	0	1	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	365
0	0	0	0	0	0	0	0	0	0	0	0	1	2
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	45
0	0	0	0	0	0	0	0	0	0	0	0	0	3
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	1	0	120
0	0	0	0	0	0	0	0	0	0	0	0	1	2
0	0	0	0	0	0	0	0	0	1	0	0	0	60
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	1	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	15
0	0	0	0	0	0	0	0	0	0	0	0	0	4
0	0	0	0	0	0	0	0	0	0	0	0	0	30
0	0	0	0	0	0	0	0	0	0	0	0	1	2
0	0	0	0	0	0	0	0	0	0	0	0	1	2
0	0	0	0	0	0	0	0	0	0	0	0	0	10
0	0	0	0	0	0	0	0	0	0	1	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	25
0	0	1	1	0	0	1	0	1	0	0	0	0	2
0	1	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	30
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	1	0	0	0	0	0	0	0	0	15
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	21
0	0	0	1	0	0	0	0	0	0	1	0	0	2
1	0	0	0	0	0	0	0	0	0	0	0	0	7
0	0	0	1	0	0	0	0	0	0	1	0	0	150
0	1	0	1	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	4
1	0	0	0	0	0	0	0	0	0	0	0	0	5
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	4
0	1	0	1	0	0	0	0	0	0	1	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	3
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	3
0	0	0	0	0	0	0	0	0	0	0	0	1	2
0	0	0	0	0	0	0	0	0	0	0	0	0	10
0	0	0	0	0	0	0	0	0	0	0	0	0	7
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	1	0	1	0	0	0	0	0	0	0	0	0	6
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	1	0	0	0	1	0	0	0	0	0	0	0	8
0	0	1	0	0	0	0	0	0	0	0	0	0	1
0	1	0	0	0	0	0	0	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	2
1	0	0	0	0	0	0	0	0	0	1	0	0	1
0	1	0	1	0	0	0	0	0	0	1	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	6
0	0	0	0	0	0	0	0	0	0	0	0	0	4
0	0	0	0	0	0	0	0	0	0	0	0	0	1

0	0	0	0	0	0	0	0	0	0	0	0	1	20
0	0	0	0	0	0	0	0	0	0	0	0	0	3
0	1	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	3
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	2
0	0	0	0	0	0	0	0	0	0	0	0	0	1
0	1	0	0	0	0	0	0	0	0	0	0	0	3
0	0	0	0	0	0	0	1	0	0	0	0	0	1
0	0	0	0	0	0	0	0	0	0	0	0	0	4
0	0	0	0	0	0	0	0	0	0	0	0	0	1

TREATGIV	TREATOUT	TIMESURG	TYPESURG	EMERGEN	ASACLASS	ANAESTH	INTRHYPO	INTRHR	INTRHYPX	ICU	ANALGESI	POSTDVT
2	2	1.0	5	0	2	1	0	0	0	0	1	0
2	2	4.0	1	0	1	2	0	0	0	0	1	0
2	2	2.0	3	0	3	1	0	0	0	0	1	0
2	2	3.0	1	0	2	1	0	0	0	0	1	0
0	0	1.0	7	1	2	2	0	0	0	0	1	0
2	2	1.0	5	1	1	1	0	0	0	0	1	0
2	2	1.0	1	0	3	1	0	0	0	0	1	0
2	1	18.0	3	0	2	1	0	0	0	0	1	0
2	2	1.0	1	1	2	2	1	0	0	0	1	0
0	0	1.0	1	0	2	1	0	0	0	0	1	0
0	0	1.0	1	1	2	1	1	0	0	0	1	0
2	2	2.0	2	0	2	3	0	0	0	0	2	0
0	0	2.0	2	0	2	1	0	0	0	0	1	0
0	0	14.0	2	0	3	2	0	0	0	0	1	0
2	1	2.0	3	1	2	2	0	0	0	0	1	1
2	2	2.0	1	0	2	1	1	0	0	0	1	0
0	0	2.0	1	0	1	1	0	0	0	0	1	0
1	1	4.0	6	0	2	1	0	0	0	0	1	0
1	1	3.0	2	0	2	2	0	0	0	0	1	0
0	0	7.0	2	0	2	1	0	0	0	0	1	0
2	2	1.0	4	0	3	2	0	0	0	0	1	0
2	2	4.0	4	0	2	1	0	0	0	0	1	0
1	1	4.0	2	0	2	1	0	0	0	0	1	0
2	2	1.0	1	0	2	2	0	0	0	0	1	0
0	0	4.0	1	0	2	1	0	0	0	0	1	0
2	2	2.0	1	0	2	2	1	0	0	0	1	0
2	2	6.0	1	0	3	1	1	0	0	0	1	0
2	2	2.0	1	0	2	1	0	0	0	0	1	0
2	2	3.0	1	0	2	1	0	0	0	0	1	0
1	2	1.0	7	1	2	2	0	0	0	0	1	0
2	2	2.0	3	0	2	1	0	0	0	0	1	0
2	2	2.0	1	0	3	1	0	0	0	0	1	0
2	2	1.0	1	0	2	1	0	0	0	0	1	0
2	2	2.0	1	0	1	2	0	0	0	0	1	0
0	0	1.0	1	1	2	1	1	0	0	0	1	0
0	0	3.0	1	0	1	1	0	0	0	0	1	0
0	0	4.0	1	0	3	1	0	0	0	0	1	0
2	2	2.0	1	1	2	2	0	0	0	0	1	0
2	2	1.0	1	0	2	1	0	0	0	0	1	0
0	0	2.0	1	0	2	1	1	0	0	0	1	0
2	2	2.0	2	0	2	3	0	0	0	0	2	0
2	2	2.0	1	0	2	2	0	0	0	0	1	0
2	2	2.0	2	0	2	2	0	0	0	0	1	0
2	2	7.0	4	0	3	2	0	0	0	0	1	0
2	2	2.0	1	0	2	1	0	0	0	0	1	0
2	2	1.0	3	0	3	1	0	0	0	0	1	0
2	2	1.0	1	0	3	2	0	0	0	0	1	0
0	0	2.0	3	0	2	2	0	0	0	0	1	0
0	0	2.0	1	0	2	1	0	0	0	0	1	0
0	0	2.0	1	0	2	2	0	0	0	0	1	0
2	2	1.0	1	0	2	1	0	0	0	0	1	0
0	0	4.0	1	0	3	1	0	0	0	0	1	0
2	2	1.0	1	0	2	1	0	0	0	0	1	0
0	0	4.0	1	0	2	2	0	0	0	0	1	0
0	0	2.0	1	0	2	2	0	0	0	0	1	0
0	0	1.0	1	1	2	2	0	0	0	0	1	0
2	2	1.0	2	0	2	2	0	0	0	0	1	0
1	2	2.0	2	0	2	1	0	0	0	0	1	0
2	2	1.0	1	0	2	1	0	0	0	0	1	0
1	1	4.0	2	0	2	1	0	0	0	0	1	0
0	0	3.0	1	0	2	2	0	0	0	0	1	0
2	2	4.0	2	0	2	2	0	0	0	0	1	0
0	0	4.0	1	0	3	1	0	0	0	0	2	0
2	2	7.0	3	0	2	1	0	0	0	0	1	0
1	1	3.0	1	0	2	2	0	0	0	0	1	0
0	0	2.0	1	0	3	3	0	0	0	1	2	0
2	2	2.0	2	0	3	1	0	0	0	1	1	0
1	2	1.0	1	1	2	1	0	0	0	0	1	0
2	2	5.0	1	0	3	2	0	0	0	0	1	0
0	0	1.0	1	0	2	2	0	0	0	0	1	0

1	1	1.0	2	1	2	2	0	0	0	1	0
0	0	4.0	3	0	3	2	0	0	0	2	0
2	2	1.0	1	1	2	2	0	0	0	1	0
2	2	1.0	1	0	2	2	0	0	0	1	0
2	2	3.0	1	0	2	2	0	0	0	1	0
1	1	1.0	1	1	2	1	0	0	0	1	0
0	0	3.0	1	0	2	2	0	0	0	1	0
2	2	1.0	2	1	2	2	0	0	0	1	0
2	2	2.0	1	0	3	1	0	0	0	1	0
2	2	6.0	1	0	2	1	0	0	0	1	0
2	2	2.0	1	0	2	2	0	0	0	1	0

POSTCOAG	CAM24	SBP24	DBP24	POST24HR	POST24RR	URINE24	FEVER24	CAM48	SBP48	DBP48	POST48HR	POST48RR	FEVER48
0	0	110	70	80	20	0	0	0	110	70	88	20	0
0	1	130	80	100	32	0	1	0	140	80	84	20	1
0	0	140	100	84	24	0	0	0	150	100	84	26	0
0	0	130	80	80	16	0	0	0	120	90	92	16	0
0	0	130	80	92	24	0	0	0	140	90	92	20	0
0	0	160	90	80	16	0	0	0	150	90	80	16	0
0	0	150	90	90	20	0	0	0	140	80	90	16	0
0	0	140	90	84	20	0	0	0	130	90	88	20	0
0	0	130	80	96	20	0	0	0	130	80	100	20	0
0	0	130	90	92	16	0	0	0	160	92	92	24	0
0	0	110	70	90	16	0	0	0	120	80	90	20	0
0	0	110	70	90	20	0	0	0	120	80	90	26	0
0	0	130	90	80	20	0	0	2	120	90	100	20	0
0	0	130	80	88	20	0	0	1	140	80	76	20	0
2	0	140	90	92	28	0	0	2	140	90	112	40	0
2	0	140	80	100	20	0	0	0	140	88	92	20	0
0	0	130	80	92	16	0	0	0	130	80	88	20	0
0	0	170	100	80	20	0	0	0	160	90	88	16	0
0	0	110	60	100	20	1	0	0	120	70	92	20	0
0	0	120	90	100	16	0	0	0	130	90	96	16	0
0	0	130	80	92	20	0	0	2	110	60	104	24	0
0	0	130	70	88	16	0	0	0	130	80	80	20	0
1	0	120	80	84	20	0	0	0	140	90	92	18	0
0	0	130	90	92	20	0	0	0	140	80	92	16	0
0	0	140	90	92	16	0	0	0	140	90	92	16	0
0	0	130	80	88	20	0	0	0	130	80	92	20	0
0	2	140	80	100	22	0	1	0	130	80	90	20	0
0	1	80	60	120	24	0	0	0	100	60	96	20	0
0	0	140	90	80	24	0	0	0	150	100	92	24	0
0	0	140	100	100	24	0	0	0	150	90	92	24	0
0	0	140	90	88	24	0	0	0	140	90	92	24	0
0	0	140	100	80	20	0	0	0	130	90	90	20	0
0	0	130	80	92	20	0	0	0	110	70	84	20	0
0	0	90	60	90	20	0	0	0	90	60	90	20	0
0	0	140	80	88	18	0	0	0	140	80	76	18	0
0	0	150	90	90	20	0	0	0	150	90	90	20	0
0	2	150	100	96	22	0	0	2	130	80	94	24	0
0	0	110	84	84	20	0	0	0	110	80	88	20	0
0	0	110	70	80	20	0	0	0	110	70	84	20	0
0	0	130	70	90	16	0	0	1	110	70	84	20	0
0	0	110	80	100	20	0	0	0	120	80	90	20	0
0	0	130	80	88	20	0	0	0	140	80	92	24	0
0	0	130	80	80	16	0	0	0	140	80	84	16	0
0	0	130	80	84	20	0	0	0	140	90	92	24	0
0	0	150	80	88	20	0	0	0	130	80	92	20	0
0	0	130	80	70	24	0	0	0	140	80	70	20	0
0	0	150	80	100	20	0	0	0	160	80	110	24	0
0	0	140	90	80	16	0	0	0	150	90	70	16	0
0	0	130	90	80	24	0	0	0	140	100	88	20	0
0	1	100	60	104	26	0	0	0	110	70	92	20	0
0	0	110	70	80	24	0	0	0	120	60	92	24	0
0	1	110	70	92	24	0	1	2	130	70	96	24	0
0	0	130	80	80	20	0	0	0	110	70	80	20	0
0	0	110	70	92	16	0	0	0	110	70	92	16	0
0	0	130	90	96	20	0	0	0	140	90	92	20	0
0	0	130	90	84	16	0	0	0	140	80	88	18	0
0	0	180	80	90	16	0	0	0	160	80	90	16	0
0	0	120	70	84	16	0	0	0	170	80	80	16	0
0	0	120	90	90	16	0	0	0	130	90	84	20	0
0	1	180	90	110	20	0	0	0	140	90	88	20	0
0	0	140	80	84	20	0	0	0	140	80	90	16	0
0	1	170	80	92	24	0	1	1	160	100	100	24	1
0	0	150	70	92	20	0	0	1	140	100	100	20	0
0	0	140	90	92	16	0	0	0	120	70	80	16	0
0	0	120	70	90	20	0	0	0	130	70	84	16	0
1	0	160	90	80	20	0	0	0	130	90	88	20	0
0	2	140	110	112	30	0	0	2	160	108	28	28	0
0	0	120	70	80	16	0	0	0	110	80	84	16	0
0	0	140	90	80	26	0	0	0	170	80	72	28	0
0	0	130	80	80	20	0	0	0	140	80	80	16	0

0	0	140	80	84	20	0	0	0	130	80	80	20	0
0	0	130	90	90	20	0	0	0	130	80	84	16	0
0	0	140	80	84	20	0	0	0	130	80	80	16	0
0	0	130	80	80	20	0	0	0	140	80	92	20	0
0	0	130	80	84	16	0	0	0	120	70	100	20	1
0	0	100	70	90	24	0	0	0	110	80	100	24	0
0	0	130	80	84	24	0	0	0	140	80	88	24	0
0	0	130	70	100	20	0	0	0	130	70	96	16	0
0	1	130	80	92	20	0	0	2	170	80	90	24	0
0	1	170	90	76	24	0	0	1	130	90	72	24	0
0	0	130	70	92	20	0	0	0	140	80	100	20	0

URINE48	PROPPCV	POSTPCV	WOUND	ULATE	TDISCH	ADMIDUR	DROPPCV	LLDELIR	CTYPE	TTREA	ITTRE2	NITTRE3	ROCHFRA
0	25.0	29.4	0	5	1	8.00	-4.40	0	1	0	2	1	1
0	18.2	25.0	0	4	1	14.00	-6.80	1	1	0	2	1	1
0	31.6	26.8	0	5	1	13.00	4.80	0	0	0	2	1	0
0	26.6	20.5	0	4	1	8.00	6.10	0	1	0	2	1	1
0	32.2	30.9	0	5	1	11.00	1.30	0	0	0	0	0	0
0	35.4	21.2	0	4	1	6.00	14.20	0	1	0	2	1	1
0	36.0	36.5	0	0	2	6.00	-.50	0	1	0	2	1	1
0	41.6	27.0	0	4	1	27.00	14.60	0	0	0	2	1	0
0	34.9	25.3	0	4	1	4.00	9.60	0	1	0	2	1	1
0	34.0	26.5	0	4	1	4.00	7.50	0	1	0	0	0	1
0	31.7	27.4	0	4	1	8.00	4.30	0	1	0	0	0	1
0	42.0	29.7	0	4	1	7.00	12.30	0	0	0	2	1	0
0	28.6	26.1	0	4	1	14.00	2.50	1	0	0	0	0	0
0	36.0	29.1	0	4	1	19.00	6.90	1	0	0	0	0	0
0	39.0	25.5	0	4	1	25.00	13.50	1	0	0	2	1	0
0	30.0	22.3	0	2	1	16.00	7.70	0	1	0	2	1	1
0	33.7	30.0	0	4	1	6.00	3.70	0	0	0	0	0	0
0	39.0	27.0	0	4	1	14.00	12.00	0	1	1	0	1	1
0	32.4	25.7	0	4	1	7.00	6.70	0	0	1	0	1	0
0	36.4	31.8	0	4	1	11.00	4.60	0	0	0	0	0	0
1	21.0	16.6	0	5	1	12.00	4.40	1	0	0	2	1	0
0	27.7	21.7	0	4	1	14.00	6.00	0	1	0	2	1	1
0	33.3	24.5	0	4	1	9.00	8.80	0	0	1	0	1	0
0	35.7	29.5	1	4	1	42.00	6.20	0	1	0	2	1	1
0	29.0	24.6	0	4	1	17.00	4.40	0	1	0	0	0	1
0	31.0	24.4	0	5	1	4.00	6.60	0	1	0	2	1	1
0	28.6	22.5	0	2	1	9.00	6.10	1	0	0	2	1	0
0	41.0	21.5	0	4	1	6.00	19.50	1	1	0	2	1	1
0	30.6	22.0	0	4	1	7.00	8.60	0	1	0	2	1	1
0	37.2	30.0	0	4	1	4.00	7.20	0	0	1	0	1	0
0	41.8	32.9	0	4	1	11.00	8.90	0	0	0	2	1	0
0	26.1	25.4	0	4	1	5.00	.70	0	1	0	2	1	1
0	36.9	33.3	0	4	1	4.00	3.60	0	1	0	2	1	1
0	29.6	25.0	0	4	1	5.00	4.60	0	1	0	2	1	1
0	29.8	21.0	0	5	1	9.00	8.80	0	1	0	0	0	1
0	32.0	26.7	0	4	1	7.00	5.30	0	1	0	0	0	1
0	27.5	21.7	0	2	1	22.00	5.80	1	1	0	0	0	1
0	36.1	30.1	0	4	1	4.00	6.00	0	1	0	2	1	1
0	36.0	30.4	0	4	1	14.00	5.60	0	0	0	2	1	0
0	34.4	25.8	0	2	1	11.00	8.60	1	1	0	0	0	0
0	24.8	27.3	0	5	1	6.00	-2.50	0	0	0	2	1	0
0	43.2	34.9	0	4	1	14.00	8.30	0	1	0	2	1	1
0	38.6	27.3	0	4	1	7.00	11.30	0	1	0	2	1	1
0	36.0	28.4	0	4	1	17.00	7.60	0	0	0	2	1	0
0	25.0	24.6	0	5	1	6.00	.40	0	1	0	2	1	1
0	34.0	28.1	0	4	1	12.00	5.90	0	0	0	2	1	0
0	29.4	30.5	0	5	1	6.00	-1.10	0	1	0	2	1	1
0	36.5	31.3	0	4	1	15.00	5.20	0	0	0	0	0	0
0	35.0	27.3	0	5	1	6.00	7.70	0	1	0	0	0	1
0	28.5	27.5	0	4	1	6.00	1.00	1	1	0	0	0	1
0	19.5	20.4	0	4	1	9.00	-.90	0	1	0	2	1	1
0	17.7	27.8	0	4	1	13.00	-10.10	1	1	0	0	0	1
0	39.6	24.8	0	4	1	4.00	14.80	0	1	0	2	1	1
0	34.0	27.0	0	4	1	8.00	7.00	0	1	0	0	0	1
0	21.4	20.5	0	4	1	5.00	.90	0	1	0	0	0	1
0	35.1	25.5	0	4	1	5.00	9.60	0	1	0	0	0	0
0	36.0	27.5	0	4	1	6.00	8.50	0	0	0	2	1	0
0	36.9	32.0	0	4	1	7.00	4.90	0	1	1	0	1	1
0	33.0	21.4	0	5	1	7.00	11.60	0	1	0	2	1	0
0	30.0	22.9	0	5	1	9.00	7.10	1	0	1	0	1	0
0	19.1	20.3	0	5	1	7.00	-1.20	0	1	0	0	0	1
0	24.0	23.4	0	5	1	13.00	.60	1	0	0	2	1	0
0	17.7	27.8	0	4	1	11.00	-10.10	1	1	0	0	0	1
0	36.6	24.3	0	4	1	19.00	12.30	0	0	0	2	1	0
0	28.8	26.8	0	4	1	9.00	2.00	0	1	1	0	1	1
0	30.6	20.1	0	4	1	14.00	10.50	0	1	0	0	0	1
0	38.0	24.9	0	1	3	6.00	13.10	1	0	0	2	1	0
0	33.8	26.3	0	5	1	8.00	7.50	0	1	1	0	1	1
0	25.9	31.2	0	4	1	9.00	-5.30	0	1	0	2	1	1
0	30.0	23.3	0	4	1	8.00	6.70	0	1	0	0	0	1

0	36.2	30.7	0	3	1	2.00	5.50	0	0	1	0	1	0
0	31.1	25.1	0	4	1	12.00	6.00	0	0	0	0	0	0
0	31.0	26.5	0	4	1	7.00	4.50	0	1	0	2	1	1
0	30.2	24.4	0	5	1	4.00	5.80	0	1	0	2	1	0
0	35.5	23.9	0	5	1	14.00	11.60	0	1	0	2	1	1
0	36.0	32.9	0	4	1	6.00	3.10	0	1	1	0	1	1
0	27.6	21.7	0	4	1	7.00	5.90	0	1	0	0	0	1
0	31.0	29.2	0	4	1	5.00	1.80	0	0	0	2	1	0
0	31.0	26.7	0	4	1	12.00	4.30	1	1	0	2	1	1
0	29.0	27.1	0	3	1	12.00	1.90	1	0	0	2	1	0
0	22.2	27.2	0	3	1	23.00	-5.00	0	1	0	2	1	1

SPLINT	TREAT	TREATPRI	DHS	IARTH	OTALHIP	IGHASA	NANAST	PINANAS	FEVER	LOAMBULA	DMHTIHD	DMHT	OHOL2
0	1	2	0	0	0	0	1	0	0	0	0	0	0
0	1	2	1	0	0	0	0	2	1	0	0	0	0
0	1	2	0	0	1	1	1	0	0	0	0	1	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
0	0	0	0	0	0	0	0	2	0	0	0	0	0
0	1	2	0	0	0	0	1	0	0	0	0	0	0
0	1	2	1	0	0	1	1	0	0	1	1	1	0
1	1	0	0	0	1	0	1	0	0	0	1	1	0
0	1	2	1	0	0	0	0	2	0	0	0	0	0
0	0	0	1	0	0	0	1	0	0	0	0	0	0
0	0	0	1	0	0	0	1	0	0	0	1	1	0
0	1	2	0	2	0	0	0	0	0	0	0	0	1
0	0	0	0	2	0	0	1	0	0	0	1	1	0
0	0	0	0	2	0	1	0	2	0	0	1	1	0
1	1	0	0	0	1	0	0	2	0	0	0	0	1
0	1	2	1	0	0	0	1	0	0	1	0	0	0
0	0	0	1	0	0	0	1	0	0	0	0	0	0
1	1	0	0	0	0	0	1	0	0	0	0	0	0
1	1	0	0	2	0	0	0	2	0	0	0	0	0
0	0	0	0	2	0	0	1	0	0	0	0	0	0
0	1	2	0	0	1	1	0	2	0	0	0	0	0
0	1	2	0	0	1	0	1	0	0	0	0	0	0
1	1	0	0	2	0	0	1	0	0	0	0	0	0
0	1	2	1	0	0	0	0	2	0	0	0	0	0
0	0	0	1	0	0	0	1	0	0	0	0	0	0
0	1	2	1	0	0	0	0	2	0	0	0	0	0
0	1	2	1	0	0	1	1	0	1	1	0	0	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
0	1	2	0	0	0	0	0	2	0	0	0	0	1
0	1	2	0	0	1	0	1	0	0	0	0	0	1
0	1	2	1	0	0	1	1	0	0	0	0	0	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
0	1	2	1	0	0	0	0	2	0	0	0	0	0
0	0	0	1	0	0	0	1	0	0	0	0	0	0
0	0	0	1	0	0	0	1	0	0	0	0	1	0
0	0	0	1	0	0	1	1	0	0	1	1	1	0
0	1	2	1	0	0	0	0	2	0	0	0	0	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
0	0	0	1	0	0	0	1	0	0	1	0	0	0
0	1	2	0	2	0	0	0	0	0	0	0	0	0
0	1	2	1	0	0	0	0	2	0	0	0	0	1
0	1	2	0	2	0	0	0	2	0	0	0	0	0
0	1	2	0	0	1	1	0	2	0	0	1	1	0
0	1	2	1	0	0	0	1	0	0	0	0	1	0
0	1	2	0	0	1	1	1	0	0	0	0	1	0
0	1	2	1	0	0	1	0	2	0	0	1	1	0
0	0	0	0	0	1	0	0	2	0	0	0	0	0
0	0	0	1	0	0	0	1	0	0	0	0	0	0
0	0	0	1	0	0	0	0	2	0	0	0	0	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
0	0	0	1	0	0	1	1	0	1	0	0	0	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
0	0	0	1	0	0	0	0	2	0	0	0	0	0
0	0	0	1	0	0	0	0	2	0	0	0	0	0
0	0	0	1	0	0	0	0	2	0	0	0	0	0
0	1	2	0	2	0	0	0	2	0	0	0	0	0
0	1	2	0	2	0	0	1	0	0	0	0	0	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
1	1	0	0	2	0	0	1	0	0	0	1	1	0
0	0	0	1	0	0	0	0	2	0	0	0	0	0
0	1	2	0	2	0	0	0	2	1	0	0	1	0
0	0	0	1	0	0	1	1	0	0	0	0	0	0
0	1	2	0	0	1	0	1	0	0	0	0	1	0
1	1	0	1	0	0	0	0	2	0	0	0	0	1
0	0	0	1	0	0	1	0	0	0	0	0	0	0
0	1	2	0	2	0	1	1	0	0	1	1	1	0
0	1	2	1	0	0	0	1	0	0	0	0	0	0
0	1	2	1	0	0	1	0	2	0	0	0	0	0
0	0	0	1	0	0	0	0	2	0	0	0	0	0

1	1	0	0	2	0	0	0	2	0	1	0	0	1
0	0	0	0	0	1	1	0	2	0	0	0	0	0
0	1	2	1	0	0	0	0	2	0	0	0	1	0
0	1	2	1	0	0	0	0	2	0	0	0	0	0
0	1	2	1	0	0	0	0	2	0	0	0	0	0
1	1	0	1	0	0	0	1	0	0	0	0	0	0
0	0	0	1	0	0	0	0	2	0	0	0	0	0
0	1	2	0	2	0	0	0	2	0	0	0	1	0
0	1	2	1	0	0	1	1	0	0	0	0	1	0
0	1	2	1	0	0	0	1	0	0	1	0	0	0
0	1	2	1	0	0	0	0	2	0	1	0	0	0

EPIDUR	GANTI	PCV30	PREPCV25	SURG3HR	SURG230H	DURASURG	SURDUR	DAYTOSU2	MMSE20	MMSE18	INDEGINS	EPI
0	0	1	0	0	1	02:30:00	1.00	0	0	0	0	0
0	0	1	1	0	1	02:30:00	4.00	1	0	0	0	0
0	0	0	0	1	1	03:30:00	2.00	0	0	0	0	0
0	0	1	0	0	1	02:30:00	4.00	1	1	1	0	0
0	0	0	0	0	0	02:00:00	.00	0	0	0	0	0
0	0	0	0	0	0	02:00:00	.00	0	0	0	0	0
0	0	0	0	1	1	03:00:00	1.00	0	0	0	0	0
0	0	0	0	1	1	03:30:00	15.00	1	0	0	0	0
0	0	0	0	0	0	02:20:00	.00	0	0	0	0	0
0	0	0	0	1	1	03:30:00	1.00	0	0	0	0	0
0	0	0	0	0	1	02:30:00	.00	0	0	0	0	0
1	0	0	0	1	1	03:00:00	1.00	0	0	0	0	1
0	0	1	0	1	1	03:50:00	1.00	0	0	0	0	0
0	0	0	0	1	1	03:30:00	15.00	1	0	0	0	0
0	1	0	0	1	1	03:00:00	1.00	0	0	0	0	0
0	1	0	0	1	1	03:20:00	2.00	0	0	0	0	0
0	0	0	0	0	1	02:30:00	1.00	0	0	0	0	0
0	0	0	0	1	1	03:10:00	4.00	1	0	0	1	0
0	0	0	0	0	0	02:00:00	3.00	1	0	0	1	0
0	0	0	0	1	1	03:00:00	6.00	1	0	0	0	0
0	0	1	1	1	1	04:00:00	1.00	0	0	0	0	0
0	0	1	0	0	1	02:30:00	4.00	1	0	0	0	0
0	1	0	0	0	1	03:30:00	3.00	1	0	0	1	0
0	0	0	0	0	1	02:30:00	.00	0	0	0	0	0
0	0	1	0	1	1	03:30:00	3.00	1	0	0	0	0
0	0	0	0	1	1	03:00:00	1.00	0	0	0	0	0
0	0	1	0	1	1	03:30:00	6.00	1	0	0	0	0
0	0	0	0	1	1	04:00:00	1.00	0	0	0	0	0
0	0	0	0	0	1	02:30:00	3.00	1	0	0	0	0
0	0	0	0	1	1	03:00:00	.00	0	0	0	1	0
0	0	0	0	1	1	03:30:00	2.00	0	0	0	0	0
0	0	1	0	1	1	03:15:00	1.00	0	1	0	0	0
0	0	0	0	0	0	02:00:00	.00	0	0	0	0	0
0	0	1	0	0	1	02:30:00	1.00	0	0	0	0	0
0	0	1	0	0	0	02:10:00	1.00	0	0	0	0	0
0	0	0	0	0	0	02:20:00	3.00	1	0	0	0	0
0	0	1	0	1	1	04:20:00	4.00	1	1	1	0	0
0	0	0	0	0	1	02:30:00	1.00	0	0	0	0	0
0	0	0	0	0	1	03:00:00	5.00	1	0	0	0	0
0	0	0	0	1	1	04:00:00	1.00	0	0	0	0	0
1	0	1	1	0	0	02:00:00	1.00	0	0	0	0	1
0	0	0	0	0	1	02:30:00	3.00	1	0	0	0	0
0	0	0	0	0	1	02:30:00	2.00	0	0	0	0	0
0	0	0	0	1	1	03:30:00	7.00	1	0	0	0	0
0	0	1	0	1	1	03:30:00	2.00	0	0	0	0	0
0	0	0	0	1	1	03:30:00	1.00	0	0	0	0	0
0	0	1	0	0	1	02:30:00	.00	0	0	0	0	0
0	0	0	0	1	1	03:00:00	1.00	0	0	0	0	0
0	0	0	0	1	1	03:20:00	1.00	0	0	0	0	0
0	0	1	0	0	0	02:00:00	3.00	1	0	0	0	0
0	0	1	1	1	1	03:00:00	.00	0	0	0	0	0
0	0	1	1	1	1	03:00:00	4.00	1	0	0	0	0
0	0	0	0	0	1	02:30:00	1.00	0	0	0	0	0
0	0	0	0	0	0	02:00:00	3.00	1	0	0	0	0
0	0	1	1	0	0	02:15:00	1.00	0	0	0	0	0
0	0	0	0	0	0	02:15:00	.00	0	0	0	0	0
0	0	0	0	0	0	01:45:00	1.00	0	0	0	0	0
0	0	0	0	0	1	02:30:00	2.00	0	0	0	1	0
0	0	0	0	0	0	02:00:00	.00	0	0	0	0	0
0	0	0	0	1	1	03:30:00	4.00	1	0	0	1	0
0	0	1	1	1	1	03:00:00	3.00	1	0	0	0	0
0	0	1	1	1	1	03:45:00	5.00	1	0	0	0	0
0	0	1	1	1	1	04:00:00	4.00	1	0	0	0	0
0	0	0	0	1	1	03:20:00	7.00	1	0	0	0	0
0	0	1	0	0	0	02:15:00	3.00	1	0	0	1	0
1	1	0	0	0	1	02:30:00	2.00	0	0	0	0	1
0	0	0	0	1	1	04:00:00	3.00	1	1	1	0	0
0	0	0	0	1	1	03:00:00	1.00	0	0	0	1	0
0	0	1	0	0	0	02:15:00	5.00	1	0	0	0	0
0	0	0	0	1	1	03:00:00	1.00	0	0	0	0	0

0	0	0	0	0	0	01:45:00	.00	0	0	0	1	0
0	0	0	0	1	1	04:15:00	4.00	1	0	0	0	0
0	0	0	0	0	0	02:00:00	.00	0	0	0	0	0
0	0	0	0	1	1	03:00:00	1.00	0	0	0	0	0
0	0	0	0	0	0	02:15:00	3.00	1	0	0	0	0
0	0	0	0	1	1	03:00:00	1.00	0	0	0	1	0
0	0	1	0	0	0	02:00:00	2.00	0	0	0	0	0
0	0	0	0	0	1	02:30:00	1.00	0	0	0	0	0
0	0	0	0	1	1	04:30:00	2.00	0	1	1	0	0
0	0	1	0	1	1	03:00:00	6.00	1	1	0	0	0
0	0	1	1	1	1	03:00:00	2.00	0	0	0	0	0

	senu	name	hospnumb	age	sex	add	athome	occupat	doa
1	1	SAROJA	665889B	67	0	0	1	0	********
2	2	ARUMUGAM	466968C	70	1	0	1	0	********
3	3	RAMACHANDRAN.V	467307C	87	1	0	1	0	********
4	4	SILUVAI MARY	462598C	84	0	0	1	0	********
5	5	JANET GNANAMUTH	312260A	75	0	0	1	0	********
6	6	PRATHAPA MANDIR	462901C	75	1	0	1	0	********
7	7	ELUMALAI	006061B	60	1	0	1	1	********
8	8	RAM DAS VERMA	662171B	69	1	1	1	0	********
9	9	SAROJINI RICHAR	462204C	75	0	0	1	0	********
10	10	NAGARATHINAMMA	475009C	83	0	0	1	0	********
11	11	MARY	667046A	60	0	0	1	0	********
12	12	RAJA RATHINAM.	266668B	60	1	0	1	1	********
13	13	THIRUVAKKARASU	382405C	70	1	0	1	0	********
14	14	PRAKASAM	663880B	64	1	0	1	1	********
15	15	BOLAI CHANDRA K	487889C	70	1	1	1	1	********
16	16	NATHAMUNI	475619C	69	1	0	1	0	********
17	17	PATTAMAL.P	475669C	72	0	0	1	0	********
18	18	BOJJI RAJU	492696C	60	1	1	1	0	********
19	19	LOGAMMAL	663194B	60	0	0	1	1	********
20	20	SUNDERASEN	493765C	83	1	0	1	0	********
21	21	MICHEL MARY	490001C	70	0	0	1	0	********
22	22	KUPPU	496574C	60	0	0	1	1	********
23	23	ANDAL. B	503037C	65	0	0	1	1	********
24	24	LAKSMANA CHETTI	396549A	65	1	0	1	0	********
25	25	DHANALAKSMI	559930B	66	0	0	1	0	********
26	26	PUSHPA RANI GHO	503306C	70	0	1	1	0	********
27	27	SUKUMAR PAUL	506344C	65	1	1	1	0	********
28	28	CHITRA BALA BER	506209C	73	0	1	1	0	********
29	29	CHENGALVARAYAN	508629C	66	0	0	1	0	********
30	30	JAYA RAJU	497623C	72	1	0	1	0	********
31	31	KRISHNA REDDY	508540C	72	1	0	1	0	********
32	32	VENKATACHALAM	781963A	67	1	0	1	0	********
33	33	SHAKUNTALA JAME	289782C	70	0	0	1	0	********
34	34	ATHIAMMA	522343C	99	0	0	1	0	********
35	35	HAMSAVENI	756802A	79	0	0	1	0	********
36	36	KANTHAMMA	188048B	70	0	0	1	0	********
37	37	RATHNAMMA	521047C	80	0	1	1	0	********
38	38	SIVAPRAKASAM	537013C	68	1	0	1	0	********
39	39	SHAKUNTALA	526742C	65	0	1	1	0	********
40	40	PATTU RATHNAM	537945C	73	0	0	1	0	********
41	41	DELLI	526842C	61	0	0	1	1	********

	dos	dod	typefrac	sidefrac	assfrac	headfrac	spinefra
1	********	********	3	0	0	0	0
2	********	********	3	0	0	0	0
3	********	********	0	1	0	0	0
4	********	********	5	0	0	0	0
5	********	********	0	0	0	0	0
6	********	********	3	0	0	0	0
7	********	********	3	0	0	0	0
8	********	********	0	1	0	0	0
9	********	********	3	0	0	0	0
10	********	********	4	1	0	0	0
11	********	********	4	0	0	0	0
12	********	********	0	0	0	0	0
13	********	********	0	0	0	0	0
14	********	********	0	0	0	0	0
15	********	********	0	1	0	0	0
16	********	********	3	0	0	0	0
17	********	********	0	1	0	0	0
18	********	********	5	1	0	0	0
19	********	********	0	1	0	0	0
20	********	********	0	0	0	0	0
21	********	********	0	1	0	0	0
22	********	********	3	0	1	0	0
23	********	********	0	1	0	0	0
24	********	********	3	1	0	0	0
25	********	********	4	0	0	0	0
26	********	********	3	0	0	0	0
27	********	********	1	1	0	0	0
28	********	********	3	1	0	0	0
29	********	********	3	0	0	0	0
30	********	********	0	0	1	0	0
31	********	********	0	1	0	0	0
32	********	********	3	1	0	0	0
33	********	********	3	0	0	0	0
34	********	********	4	0	0	0	0
35	********	********	3	1	0	0	0
36	********	********	3	0	1	0	0
37	********	********	3	0	2	0	0
38	********	********	3	0	0	0	0
39	********	********	0	0	0	0	0
40	********	********	2	1	1	0	0
41	********	********	0	0	0	0	0

	uplimb	lowlimb	barthel	campreop	mms	csi	diabetes	hyperten	chf
1	0	0	100	0	27	0	1	0	0
2	0	0	95	0	25	0	0	0	0
3	0	0	80	0	21	1	1	1	0
4	0	0	85	1	16	0	0	0	0
5	0	0	85	0	24	0	1	0	0
6	0	0	95	0	25	0	0	0	0
7	0	0	95	0	26	0	1	1	1
8	0	0	75	0	26	0	1	1	1
9	0	0	90	0	27	0	1	0	0
10	0	0	80	0	22	0	0	1	0
11	0	0	90	0	26	0	1	1	0
12	0	0	95	0	28	0	0	0	0
13	0	0	100	0	26	0	1	1	0
14	0	0	85	0	25	0	1	1	0
15	0	0	95	0	27	0	0	0	0
16	0	0	95	0	25	0	0	0	0
17	0	0	95	0	25	0	0	0	0
18	0	0	100	0	28	0	0	1	0
19	0	0	95	0	26	0	0	0	0
20	0	0	85	1	20	0	0	1	0
21	0	0	90	0	25	0	0	0	0
22	1	0	100	0	27	0	0	0	0
23	0	0	90	0	26	0	0	0	0
24	0	0	90	0	23	0	1	0	0
25	0	0	75	0	22	1	0	1	0
26	0	0	100	0	27	0	0	0	0
27	0	0	90	0	26	0	0	1	0
28	0	0	75	0	20	1	0	0	0
29	0	0	95	0	27	0	0	0	0
30	1	0	100	0	26	0	0	0	0
31	0	0	95	0	27	0	0	1	0
32	0	0	95	1	18	0	0	1	0
33	0	0	95	0	27	0	0	0	0
34	0	0	80	0	20	1	0	0	0
35	0	0	100	0	28	0	0	1	0
36	1	0	100	0	25	0	1	1	0
37	1	1	75	1	14	1	1	1	0
38	0	0	95	0	26	0	0	0	0
39	0	0	90	0	26	0	0	0	0
40	1	0	95	0	24	0	1	0	0
41	0	0	85	0	27	0	0	0	0

	ihd	hartbloc	valve	pvd	arf	crf	bph
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	1	0	0	0	0	0	0
8	1	0	0	0	0	0	0
9	1	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	1	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	1	0	0	0	0	0	0
14	1	1	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0
27	1	0	0	0	0	0	0
28	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0
32	1	0	0	0	0	0	0
33	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0
35	1	0	0	0	0	0	0
36	0	0	0	0	0	0	0
37	1	0	0	0	0	0	0
38	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0
40	0	0	0	0	0	0	0
41	0	0	0	0	0	0	0

	copd	asthma	cva	parkins	lri	uti	woundinf
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	1	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	1	0	1	0	0	0	0
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	1	0	0	0	0	0	0
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0
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21	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0
25	0	0	0	1	0	0	0
26	0	0	0	0	0	0	0
27	0	0	1	0	0	0	0
28	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0
36	0	0	0	0	0	0	0
37	0	0	1	0	0	0	0
38	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0
40	0	0	0	0	0	0	0
41	0	0	0	0	0	0	0

	depress	visual	auditory	malignan	disabili	hypothyr	dvt
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	1	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	1	0	0	0	0	0
7	0	1	0	0	0	0	0
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	0	0	0	1	0	0
13	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0
15	0	0	0	0	1	0	0
16	0	0	0	0	1	0	0
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0
21	0	0	0	1	0	0	0
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	1
24	0	0	0	0	0	0	0
25	0	1	0	0	0	0	0
26	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0
28	0	1	0	0	0	0	0
29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0
36	0	0	0	0	0	0	0
37	0	1	0	0	0	0	0
38	0	0	0	0	0	0	0
39	0	0	0	1	0	0	0
40	0	0	0	0	0	0	0
41	0	0	0	0	1	0	0

	paget	alcohol	smoker	glib	glim	glip	metfor
1	0	0	0	1	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	1	0	0	1
4	0	0	0	0	0	0	0
5	0	0	0	0	0	1	0
6	0	0	1	0	0	0	0
7	0	0	0	1	0	0	0
8	0	0	1	1	0	0	1
9	0	0	0	1	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	1	1	0	0	0	0
13	0	0	1	1	0	0	1
14	0	0	1	0	0	1	0
15	0	1	0	0	0	0	0
16	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
24	0	0	0	1	0	0	0
25	0	0	0	0	0	0	0
26	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0
30	0	1	1	0	0	0	0
31	0	2	1	0	0	0	0
32	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0
35	0	0	0	0	0	0	0
36	0	0	0	1	0	0	0
37	0	0	0	0	0	0	1
38	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0
40	0	0	0	0	0	1	0
41	0	0	0	0	0	0	0

	piog	insulin	atenolol	amlo	nifedip	ace	dilzem
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	1	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	0	0	1	0	0	0
9	0	0	0	0	0	0	0
10	0	0	1	0	0	0	0
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	0	0	1	0	0	0	0
14	0	0	0	0	1	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0
18	0	0	0	1	0	0	0
19	0	0	0	0	0	0	0
20	0	0	1	0	0	0	0
21	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	0
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26	0	0	0	0	0	0	0
27	0	0	0	1	0	0	0
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29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	0	0	1	0	0	0	0
32	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0
35	0	0	0	0	0	0	1
36	0	0	1	0	0	1	0
37	0	0	0	1	0	0	0
38	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0
40	0	0	0	0	0	0	0
41	0	0	0	0	0	0	0

	nitrate	nsaid	antipsy	sedative	antidep	antihist	anticoag
1	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	1	0	0	0	0	0	0
8	1	0	0	0	0	0	0
9	1	0	0	0	0	0	0
10	0	0	0	0	0	0	0
11	0	0	0	0	0	0	0
12	0	0	0	0	0	0	0
13	1	0	0	0	0	0	0
14	1	0	0	0	0	0	0
15	0	0	0	0	0	0	0
16	0	0	0	0	0	0	0
17	0	0	0	0	0	0	0
18	0	0	0	0	0	0	0
19	0	0	0	0	0	0	0
20	0	0	0	0	0	0	0
21	0	0	0	0	0	0	0
22	0	0	0	0	0	0	0
23	0	0	0	0	0	0	1
24	0	0	0	0	0	0	0
25	0	0	1	0	0	0	0
26	0	0	0	0	0	0	0
27	0	0	0	0	0	0	0
28	0	0	0	0	0	0	0
29	0	0	0	0	0	0	0
30	0	0	0	0	0	0	0
31	0	0	0	0	0	0	0
32	0	0	0	0	0	0	0
33	0	0	0	0	0	0	0
34	0	0	0	0	0	0	0
35	1	0	0	1	0	1	0
36	0	0	0	0	0	0	0
37	0	0	0	0	0	0	0
38	0	0	0	0	0	0	0
39	0	0	0	0	0	0	0
40	0	0	0	0	0	0	0
41	0	1	0	0	0	0	0

	ecospr	rt	frachow	timefrac	treatgiv	treatout	timesurg
1	0	0	0	1	2	2	1.0
2	0	0	0	4	2	2	4.0
3	0	0	0	3	2	2	2.0
4	0	0	0	2	2	2	3.0
5	0	0	0	1	0	0	1.0
6	0	0	0	2	2	2	1.0
7	0	0	1	3	2	2	1.0
8	0	0	0	300	2	1	18.0
9	1	0	0	1	2	2	1.0
10	0	0	0	1	0	0	1.0
11	0	0	0	2	0	0	1.0
12	0	0	0	10	2	2	2.0
13	0	0	0	1	0	0	2.0
14	1	0	0	1	0	0	14.0
15	0	0	0	365	2	1	2.0
16	0	0	1	2	2	2	2.0
17	0	0	0	1	0	0	2.0
18	0	0	0	45	1	1	4.0
19	0	0	0	3	1	1	3.0
20	0	0	0	1	0	0	7.0
21	0	1	0	120	2	2	1.0
22	0	0	1	2	2	2	4.0
23	0	0	0	60	1	1	4.0
24	0	0	0	2	2	2	1.0
25	0	0	0	1	0	0	4.0
26	0	0	0	15	2	2	2.0
27	0	0	0	4	2	2	6.0
28	0	0	0	30	2	2	2.0
29	0	0	1	2	2	2	3.0
30	0	0	1	2	1	2	1.0
31	0	0	0	10	2	2	2.0
32	1	0	0	2	2	2	2.0
33	0	0	0	2	2	2	1.0
34	0	0	0	25	2	2	2.0
35	0	0	0	2	0	0	1.0
36	0	0	0	1	0	0	3.0
37	0	0	0	1	0	0	4.0
38	0	0	0	2	2	2	2.0
39	0	0	0	30	2	2	1.0
40	0	0	0	2	0	0	2.0
41	0	0	0	15	2	2	2.0

	typesurg	emergen	asaclass	anaesth	intrhypo	intrhr	intrhypx	icu
1	5	0	2	1	0	0	0	0
2	1	0	1	2	0	0	0	0
3	3	0	3	1	0	0	0	0
4	1	0	2	1	0	0	0	0
5	7	1	2	2	0	0	0	0
6	5	1	1	1	0	0	0	0
7	1	0	3	1	0	0	0	0
8	3	0	2	1	0	0	0	0
9	1	1	2	2	1	0	0	0
10	1	0	2	1	0	0	0	0
11	1	1	2	1	1	0	0	0
12	2	0	2	3	0	0	0	0
13	2	0	2	1	0	0	0	0
14	2	0	3	2	0	0	0	0
15	3	1	2	2	0	0	0	0
16	1	0	2	1	1	0	0	0
17	1	0	1	1	0	0	0	0
18	6	0	2	1	0	0	0	0
19	2	0	2	2	0	0	0	0
20	2	0	2	1	0	0	0	0
21	4	0	3	2	0	0	0	0
22	4	0	2	1	0	0	0	0
23	2	0	2	1	0	0	0	0
24	1	0	2	2	0	0	0	0
25	1	0	2	1	0	0	0	0
26	1	0	2	2	1	0	0	0
27	1	0	3	1	1	0	0	0
28	1	0	2	1	0	0	0	0
29	1	0	2	1	0	0	0	0
30	7	1	2	2	0	0	0	0
31	3	0	2	1	0	0	0	0
32	1	0	3	1	0	0	0	0
33	1	0	2	1	0	0	0	0
34	1	0	1	2	0	0	0	0
35	1	1	2	1	1	0	0	0
36	1	0	1	1	0	0	0	0
37	1	0	3	1	0	0	0	0
38	1	1	2	2	0	0	0	0
39	1	0	2	1	0	0	0	0
40	1	0	2	1	1	0	0	0
41	2	0	2	3	0	0	0	0

	analgesi	postdvt	postcoag	cam24	sbp24	dbp24	post24hr
1	1	0	0	0	110	70	80
2	1	0	0	1	130	80	100
3	1	0	0	0	140	100	84
4	1	0	0	0	130	80	80
5	1	0	0	0	130	80	92
6	1	0	0	0	160	90	80
7	1	0	0	0	150	90	90
8	1	0	0	0	140	90	84
9	1	0	0	0	130	80	96
10	1	0	0	0	130	90	92
11	1	0	0	0	110	70	90
12	2	0	0	0	110	70	90
13	1	0	0	0	130	90	80
14	1	0	0	0	130	80	88
15	1	1	2	0	140	90	92
16	1	0	2	0	140	80	100
17	1	0	0	0	130	80	92
18	1	0	0	0	170	100	80
19	1	0	0	0	110	60	100
20	1	0	0	0	120	90	100
21	1	0	0	0	130	80	92
22	1	0	0	0	130	70	88
23	1	0	1	0	120	80	84
24	1	0	0	0	130	90	92
25	1	0	0	0	140	90	92
26	1	0	0	0	130	80	88
27	1	0	0	2	140	80	100
28	1	0	0	1	80	60	120
29	1	0	0	0	140	90	80
30	1	0	0	0	140	100	100
31	1	0	0	0	140	90	88
32	1	0	0	0	140	100	80
33	1	0	0	0	130	80	92
34	1	0	0	0	90	60	90
35	1	0	0	0	140	80	88
36	1	0	0	0	150	90	90
37	1	0	0	2	150	100	96
38	1	0	0	0	110	84	84
39	1	0	0	0	110	70	80
40	1	0	0	0	130	70	90
41	2	0	0	0	110	80	100

	post24rr	urine24	fever24	cam48	sbp48	dbp48	post48hr	post48rr	fever48
1	20	0	0	0	110	70	88	20	0
2	32	0	1	0	140	80	84	20	1
3	24	0	0	0	150	100	84	26	0
4	16	0	0	0	120	90	92	16	0
5	24	0	0	0	140	90	92	20	0
6	16	0	0	0	150	90	80	16	0
7	20	0	0	0	140	80	90	16	0
8	20	0	0	0	130	90	88	20	0
9	20	0	0	0	130	80	100	20	0
10	16	0	0	0	160	92	92	24	0
11	16	0	0	0	120	80	90	20	0
12	20	0	0	0	120	80	90	26	0
13	20	0	0	2	120	90	100	20	0
14	20	0	0	1	140	80	76	20	0
15	28	0	0	2	140	90	112	40	0
16	20	0	0	0	140	88	92	20	0
17	16	0	0	0	130	80	88	20	0
18	20	0	0	0	160	90	88	16	0
19	20	1	0	0	120	70	92	20	0
20	16	0	0	0	130	90	96	16	0
21	20	0	0	2	110	60	104	24	0
22	16	0	0	0	130	80	80	20	0
23	20	0	0	0	140	90	92	18	0
24	20	0	0	0	140	80	92	16	0
25	16	0	0	0	140	90	92	16	0
26	20	0	0	0	130	80	92	20	0
27	22	0	1	0	130	80	90	20	0
28	24	0	0	0	100	60	96	20	0
29	24	0	0	0	150	100	92	24	0
30	24	0	0	0	150	90	92	24	0
31	24	0	0	0	140	90	92	24	0
32	20	0	0	0	130	90	90	20	0
33	20	0	0	0	110	70	84	20	0
34	20	0	0	0	90	60	90	20	0
35	18	0	0	0	140	80	76	18	0
36	20	0	0	0	150	90	90	20	0
37	22	0	0	2	130	80	94	24	0
38	20	0	0	0	110	80	88	20	0
39	20	0	0	0	110	70	84	20	0
40	16	0	0	1	110	70	84	20	0
41	20	0	0	0	120	80	90	20	0

	urine48	proppcv	postpcv	sugar	creat	sodium	potasium	totcount	chexray
1	0	25.0	29.4	.	.	.	.	.	.
2	0	18.2	25.0	104	.7	134	3.0	8900	2
3	0	31.6	26.8	.	.	.	.	.	.
4	0	26.6	20.5	.	.	.	.	.	.
5	0	32.2	30.9	.	.	.	.	.	.
6	0	35.4	21.2	.	.	.	.	.	.
7	0	36.0	36.5	.	.	.	.	.	.
8	0	41.6	27.0	.	.	.	.	.	.
9	0	34.9	25.3	.	.	.	.	.	.
10	0	34.0	26.5	.	.	.	.	.	.
11	0	31.7	27.4	.	.	.	.	.	.
12	0	42.0	29.7	.	.	.	.	.	.
13	0	28.6	26.1	128	1.1	132	4.0	11600	0
14	0	36.0	29.1	172	1.7	130	4.2	11400	0
15	0	39.0	25.5	130	1.0	134	3.1	9400	0
16	0	30.0	22.3	140	1.1	137	4.1	11500	0
17	0	33.7	30.0	.	.	.	.	.	.
18	0	39.0	27.0	.	.	.	.	.	.
19	0	32.4	25.7	.	.	.	.	.	.
20	0	36.4	31.8	.	.	.	.	.	.
21	1	21.0	16.6	102	1.1	129	3.4	10800	0
22	0	27.7	21.7	.	.	.	.	.	.
23	0	33.3	24.5	.	.	.	.	.	.
24	0	35.7	29.5	.	.	.	.	.	.
25	0	29.0	24.6	.	.	.	.	.	.
26	0	31.0	24.4	.	.	.	.	.	.
27	0	28.6	22.5	124	4.1	140	3.7	14200	0
28	0	41.0	21.5	96	.7	137	3.9	9000	0
29	0	30.6	22.0	.	.	.	.	.	.
30	0	37.2	30.0	.	.	.	.	.	.
31	0	41.8	32.9	.	.	.	.	.	.
32	0	26.1	25.4	.	.	.	.	.	.
33	0	36.9	33.3	.	.	.	.	.	.
34	0	29.6	25.0	.	.	.	.	.	.
35	0	29.8	21.0	.	.	.	.	.	.
36	0	32.0	26.7	.	.	.	.	.	.
37	0	27.5	21.7	210	2.5	142	3.9	.	0
38	0	36.1	30.1	.	.	.	.	.	.
39	0	36.0	30.4	.	.	.	.	.	.
40	0	34.4	25.8	220	.6	132	4.0	.	0
41	0	24.8	27.3	.	.	.	.	.	.

	abgph	abgo2	abgco2	abghco3	abgbase	abgsao2	del72	delhypna	deldehyd
1	.	.	.	.	.	.	0	.	.
2	.	.	.	.	.	.	0	0	0
3	.	.	.	.	.	.	0	.	.
4	.	.	.	.	.	.	0	.	.
5	.	.	.	.	.	.	0	.	.
6	.	.	.	.	.	.	0	.	.
7	.	.	.	.	.	.	0	.	.
8	.	.	.	.	.	.	0	.	.
9	.	.	.	.	.	.	0	.	.
10	.	.	.	.	.	.	0	.	.
11	.	.	.	.	.	.	0	.	.
12	.	.	.	.	.	.	0	.	.
13	.	.	.	.	.	.	0	0	0
14	.	.	.	.	.	.	0	0	0
15	7.44	51	30	20	-3	87	0	0	0
16	.	.	.	.	.	.	1	0	0
17	.	.	.	.	.	.	0	.	.
18	.	.	.	.	.	.	0	.	.
19	.	.	.	.	.	.	0	.	.
20	.	.	.	.	.	.	0	.	.
21	.	.	.	.	.	.	0	1	0
22	.	.	.	.	.	.	0	.	.
23	.	.	.	.	.	.	0	.	.
24	.	.	.	.	.	.	0	.	.
25	.	.	.	.	.	.	0	.	.
26	.	.	.	.	.	.	0	.	.
27	.	.	.	.	.	.	0	0	1
28	7.28	39	24	11	-13	99	0	0	0
29	.	.	.	.	.	.	0	.	.
30	.	.	.	.	.	.	0	.	.
31	.	.	.	.	.	.	0	.	.
32	.	.	.	.	.	.	0	.	.
33	.	.	.	.	.	.	0	.	.
34	.	.	.	.	.	.	0	.	.
35	.	.	.	.	.	.	0	.	.
36	.	.	.	.	.	.	0	.	.
37	7.46	229	22	16	-6	100	0	0	1
38	.	.	.	.	.	.	0	.	.
39	.	.	.	.	.	.	0	.	.
40	.	.	.	.	.	.	1	0	0
41	.	.	.	.	.	.	0	.	.

	delrf	delresf	dellri	deluti	delwinf	delhygly	delfebri	delhyten
1	.	.	.	.	.	.	.	.
2	0	0	1	0	0	0	0	0
3	.	.	.	.	.	.	.	.
4	.	.	.	.	.	.	.	.
5	.	.	.	.	.	.	.	.
6	.	.	.	.	.	.	.	.
7	.	.	.	.	.	.	.	.
8	.	.	.	.	.	.	.	.
9	.	.	.	.	.	.	.	.
10	.	.	.	.	.	.	.	.
11	.	.	.	.	.	.	.	.
12	.	.	.	.	.	.	.	.
13	0	0	0	0	0	0	0	0
14	0	0	0	0	0	0	0	0
15	0	1	0	0	0	0	0	0
16	0	0	0	0	0	0	0	0
17	.	.	.	.	.	.	.	.
18	.	.	.	.	.	.	.	.
19	.	.	.	.	.	.	.	.
20	.	.	.	.	.	.	.	.
21	0	0	0	0	0	0	0	0
22	.	.	.	.	.	.	.	.
23	.	.	.	.	.	.	.	.
24	.	.	.	.	.	.	.	.
25	.	.	.	.	.	.	.	.
26	.	.	.	.	.	.	.	.
27	1	0	0	0	0	0	1	0
28	0	0	0	0	0	0	0	1
29	.	.	.	.	.	.	.	.
30	.	.	.	.	.	.	.	.
31	.	.	.	.	.	.	.	.
32	.	.	.	.	.	.	.	.
33	.	.	.	.	.	.	.	.
34	.	.	.	.	.	.	.	.
35	.	.	.	.	.	.	.	.
36	.	.	.	.	.	.	.	.
37	1	0	0	1	0	0	0	0
38	.	.	.	.	.	.	.	.
39	.	.	.	.	.	.	.	.
40	0	0	0	0	0	0	0	0
41	.	.	.	.	.	.	.	.

	delcva	delpe	delihd	delnd	wound	ambulate	atdisch
1	.	.	.	.	0	5	1
2	0	0	0	0	0	4	1
3	.	.	.	.	0	5	1
4	.	.	.	.	0	4	1
5	.	.	.	.	0	5	1
6	.	.	.	.	0	4	1
7	.	.	.	.	0	0	2
8	.	.	.	.	0	4	1
9	.	.	.	.	0	4	1
10	.	.	.	.	0	4	1
11	.	.	.	.	0	4	1
12	.	.	.	.	0	4	1
13	0	0	0	1	0	4	1
14	0	0	0	1	0	4	1
15	0	1	0	0	0	4	1
16	0	0	1	0	0	2	1
17	.	.	.	.	0	4	1
18	.	.	.	.	0	4	1
19	.	.	.	.	0	4	1
20	.	.	.	.	0	4	1
21	0	0	0	0	0	5	1
22	.	.	.	.	0	4	1
23	.	.	.	.	0	4	1
24	.	.	.	.	1	4	1
25	.	.	.	.	0	4	1
26	.	.	.	.	0	5	1
27	0	0	0	0	0	2	1
28	0	0	0	0	0	4	1
29	.	.	.	.	0	4	1
30	.	.	.	.	0	4	1
31	.	.	.	.	0	4	1
32	.	.	.	.	0	4	1
33	.	.	.	.	0	4	1
34	.	.	.	.	0	4	1
35	.	.	.	.	0	5	1
36	.	.	.	.	0	4	1
37	1	0	0	0	0	2	1
38	.	.	.	.	0	4	1
39	.	.	.	.	0	4	1
40	1	0	0	0	0	2	1
41	.	.	.	.	0	5	1

	admidur	droppcv	alldelir	fractype	inittrea	inittre2	inittre3
1	8.00	-4.40	0	1	0	2	1
2	14.00	-6.80	1	1	0	2	1
3	13.00	4.80	0	0	0	2	1
4	8.00	6.10	0	1	0	2	1
5	11.00	1.30	0	0	0	0	0
6	6.00	14.20	0	1	0	2	1
7	6.00	-.50	0	1	0	2	1
8	27.00	14.60	0	0	0	2	1
9	4.00	9.60	0	1	0	2	1
10	4.00	7.50	0	1	0	0	0
11	8.00	4.30	0	1	0	0	0
12	7.00	12.30	0	0	0	2	1
13	14.00	2.50	1	0	0	0	0
14	19.00	6.90	1	0	0	0	0
15	25.00	13.50	1	0	0	2	1
16	16.00	7.70	0	1	0	2	1
17	6.00	3.70	0	0	0	0	0
18	14.00	12.00	0	1	1	0	1
19	7.00	6.70	0	0	1	0	1
20	11.00	4.60	0	0	0	0	0
21	12.00	4.40	1	0	0	2	1
22	14.00	6.00	0	1	0	2	1
23	9.00	8.80	0	0	1	0	1
24	42.00	6.20	0	1	0	2	1
25	17.00	4.40	0	1	0	0	0
26	4.00	6.60	0	1	0	2	1
27	9.00	6.10	1	0	0	2	1
28	6.00	19.50	1	1	0	2	1
29	7.00	8.60	0	1	0	2	1
30	4.00	7.20	0	0	1	0	1
31	11.00	8.90	0	0	0	2	1
32	5.00	.70	0	1	0	2	1
33	4.00	3.60	0	1	0	2	1
34	5.00	4.60	0	1	0	2	1
35	9.00	8.80	0	1	0	0	0
36	7.00	5.30	0	1	0	0	0
37	22.00	5.80	1	1	0	0	0
38	4.00	6.00	0	1	0	2	1
39	14.00	5.60	0	0	0	2	1
40	11.00	8.60	1	1	0	0	0
41	6.00	-2.50	0	0	0	2	1

	trochfra	splint	notreat	treatpri	dhs	hemiarth	totalhip
1	1	0	1	2	0	0	0
2	1	0	1	2	1	0	0
3	0	0	1	2	0	0	1
4	1	0	1	2	1	0	0
5	0	0	0	0	0	0	0
6	1	0	1	2	0	0	0
7	1	0	1	2	1	0	0
8	0	1	1	0	0	0	1
9	1	0	1	2	1	0	0
10	1	0	0	0	1	0	0
11	1	0	0	0	1	0	0
12	0	0	1	2	0	2	0
13	0	0	0	0	0	2	0
14	0	0	0	0	0	2	0
15	0	1	1	0	0	0	1
16	1	0	1	2	1	0	0
17	0	0	0	0	1	0	0
18	1	1	1	0	0	0	0
19	0	1	1	0	0	2	0
20	0	0	0	0	0	2	0
21	0	0	1	2	0	0	1
22	1	0	1	2	0	0	1
23	0	1	1	0	0	2	0
24	1	0	1	2	1	0	0
25	1	0	0	0	1	0	0
26	1	0	1	2	1	0	0
27	0	0	1	2	1	0	0
28	1	0	1	2	1	0	0
29	1	0	1	2	1	0	0
30	0	0	1	2	0	0	0
31	0	0	1	2	0	0	1
32	1	0	1	2	1	0	0
33	1	0	1	2	1	0	0
34	1	0	1	2	1	0	0
35	1	0	0	0	1	0	0
36	1	0	0	0	1	0	0
37	1	0	0	0	1	0	0
38	1	0	1	2	1	0	0
39	0	0	1	2	1	0	0
40	0	0	0	0	1	0	0
41	0	0	1	2	0	2	0

	highasa	genanast	spinanas	fever	loambula	dmhtihd	dmht
1	0	1	0	0	0	0	0
2	0	0	2	1	0	0	0
3	1	1	0	0	0	0	1
4	0	1	0	0	0	0	0
5	0	0	2	0	0	0	0
6	0	1	0	0	0	0	0
7	1	1	0	0	1	1	1
8	0	1	0	0	0	1	1
9	0	0	2	0	0	0	0
10	0	1	0	0	0	0	0
11	0	1	0	0	0	1	1
12	0	0	0	0	0	0	0
13	0	1	0	0	0	1	1
14	1	0	2	0	0	1	1
15	0	0	2	0	0	0	0
16	0	1	0	0	1	0	0
17	0	1	0	0	0	0	0
18	0	1	0	0	0	0	0
19	0	0	2	0	0	0	0
20	0	1	0	0	0	0	0
21	1	0	2	0	0	0	0
22	0	1	0	0	0	0	0
23	0	1	0	0	0	0	0
24	0	0	2	0	0	0	0
25	0	1	0	0	0	0	0
26	0	0	2	0	0	0	0
27	1	1	0	1	1	0	0
28	0	1	0	0	0	0	0
29	0	1	0	0	0	0	0
30	0	0	2	0	0	0	0
31	0	1	0	0	0	0	0
32	1	1	0	0	0	0	0
33	0	1	0	0	0	0	0
34	0	0	2	0	0	0	0
35	0	1	0	0	0	0	0
36	0	1	0	0	0	0	1
37	1	1	0	0	1	1	1
38	0	0	2	0	0	0	0
39	0	1	0	0	0	0	0
40	0	1	0	0	1	0	0
41	0	0	0	0	0	0	0

	alcohol2	epidur	coaganti	prepcv30	prepcv25	surg3hr	surg230h
1	0	0	0	1	0	0	1
2	0	0	0	1	1	0	1
3	0	0	0	0	0	1	1
4	0	0	0	1	0	0	1
5	0	0	0	0	0	0	0
6	0	0	0	0	0	0	0
7	0	0	0	0	0	1	1
8	0	0	0	0	0	1	1
9	0	0	0	0	0	0	0
10	0	0	0	0	0	1	1
11	0	0	0	0	0	0	1
12	1	1	0	0	0	1	1
13	0	0	0	1	0	1	1
14	0	0	0	0	0	1	1
15	1	0	1	0	0	1	1
16	0	0	1	0	0	1	1
17	0	0	0	0	0	0	1
18	0	0	0	0	0	1	1
19	0	0	0	0	0	0	0
20	0	0	0	0	0	1	1
21	0	0	0	1	1	1	1
22	0	0	0	1	0	0	1
23	0	0	1	0	0	0	1
24	0	0	0	0	0	0	1
25	0	0	0	1	0	1	1
26	0	0	0	0	0	1	1
27	0	0	0	1	0	1	1
28	0	0	0	0	0	1	1
29	0	0	0	0	0	0	1
30	1	0	0	0	0	1	1
31	1	0	0	0	0	1	1
32	0	0	0	1	0	1	1
33	0	0	0	0	0	0	0
34	0	0	0	1	0	0	1
35	0	0	0	1	0	0	0
36	0	0	0	0	0	0	0
37	0	0	0	1	0	1	1
38	0	0	0	0	0	0	1
39	0	0	0	0	0	0	1
40	0	0	0	0	0	1	1
41	0	1	0	1	1	0	0

	durasurg	surdur	daytosu2	mmse20	mmse18	indegins	epi
1	2:30	1.00	0	0	0	0	0
2	2:30	4.00	1	0	0	0	0
3	3:30	2.00	0	0	0	0	0
4	2:30	4.00	1	1	1	0	0
5	2:00	.00	0	0	0	0	0
6	2:00	.00	0	0	0	0	0
7	3:00	1.00	0	0	0	0	0
8	3:30	15.00	1	0	0	0	0
9	2:20	.00	0	0	0	0	0
10	3:30	1.00	0	0	0	0	0
11	2:30	.00	0	0	0	0	0
12	3:00	1.00	0	0	0	0	1
13	3:50	1.00	0	0	0	0	0
14	3:30	15.00	1	0	0	0	0
15	3:00	1.00	0	0	0	0	0
16	3:20	2.00	0	0	0	0	0
17	2:30	1.00	0	0	0	0	0
18	3:10	4.00	1	0	0	1	0
19	2:00	3.00	1	0	0	1	0
20	3:00	6.00	1	0	0	0	0
21	4:00	1.00	0	0	0	0	0
22	2:30	4.00	1	0	0	0	0
23	3:30	3.00	1	0	0	1	0
24	2:30	.00	0	0	0	0	0
25	3:30	3.00	1	0	0	0	0
26	3:00	1.00	0	0	0	0	0
27	3:30	6.00	1	0	0	0	0
28	4:00	1.00	0	0	0	0	0
29	2:30	3.00	1	0	0	0	0
30	3:00	.00	0	0	0	1	0
31	3:30	2.00	0	0	0	0	0
32	3:15	1.00	0	1	0	0	0
33	2:00	.00	0	0	0	0	0
34	2:30	1.00	0	0	0	0	0
35	2:10	1.00	0	0	0	0	0
36	2:20	3.00	1	0	0	0	0
37	4:20	4.00	1	1	1	0	0
38	2:30	1.00	0	0	0	0	0
39	3:00	5.00	1	0	0	0	0
40	4:00	1.00	0	0	0	0	0
41	2:00	1.00	0	0	0	0	1

	senu	name	hospnumb	age	sex	add	athome	occupat	doa
42	42	MUNIRATHNAM	093536A	67	1	0	1	0	********
43	43	SENGAMALAM	533759C	60	0	0	1	0	********
44	44	STANLEY	072300A	67	1	0	1	0	********
45	45	THULASI	849441B	65	0	0	1	0	********
46	46	GOLOK GOSWAMI	539948C	66	1	1	1	0	********
47	47	NAVANEETHAMAL	550808C	85	0	0	1	0	********
48	48	MALATHI	560633C	65	0	0	1	0	********
49	49	RAMANJALU NAIDU	526477C	80	1	0	1	0	********
50	50	KUPPAMAL	922301A	85	0	0	1	0	********
51	51	SARATHAMMAL	570838C	73	0	0	1	0	********
52	52	KALYANIAMMAL	585840C	84	0	0	1	0	********
53	53	SELVAM	600593C	75	1	0	1	0	********
54	54	HAMSAVENI	573951C	66	0	0	1	0	********
55	55	SAKUNTALA	562858C	80	0	0	1	0	********
56	56	SRIRAMULU	562969C	65	1	0	1	0	********
57	57	SUSAR CHANDRA L	575946C	76	1	1	1	0	********
58	58	MANGALAM	562836C	75	0	0	1	0	********
59	59	NAGAMMAL	574035C	82	0	0	1	0	********
60	60	AMLA MARY	579847C	78	0	0	1	0	********
61	61	RAJAMMAL	574258C	80	0	0	1	0	********
62	62	IRA MUKHERJEE	439775C	62	0	1	1	0	********
63	63	KALAYANIAMMAL	585840C	84	0	0	1	0	********
64	64	SANKARAMMA	585359C	70	0	0	1	0	********
65	65	CHINNADURAI	221692B	72	1	0	1	1	********
66	66	KIRUBAMANI	655865C	70	0	0	1	0	********
67	67	KUMARASWAMY	353824C	87	1	0	1	0	********
68	68	CHINNAMAL	587812C	77	0	0	1	0	********
69	69	SAMUEL	592277C	89	1	0	1	0	********
70	70	ARUNACHALAM	591986C	86	1	0	1	0	********
71	71	GOVINDASWAMY	587126C	70	1	0	1	1	********
72	72	LAKSMI	062925C	61	0	0	1	0	********
73	73	PANCHATCHARAM	46252C	60	1	0	1	1	********
74	74	TARAK NATH DEY	198050C	61	1	1	1	0	********
75	75	SULOCHANA	589899C	65	0	0	1	0	********
76	76	KUPPAMAL	589972C	83	0	0	1	0	********
77	77	RUCKAMMAL	600620C	75	0	0	1	0	********
78	78	GOWDA RAMASUBB	613824C	64	0	1	1	0	********
79	79	ADIYAMMAL	613825C	64	0	0	1	0	********
80	80	RENU	625405C	74	0	0	1	0	********
81	81	LAKSMI	281834C	82	0	0	1	0	********

	dos	dod	typefrac	sidefrac	assfrac	headfrac	spinefra
42	********	********	3	0	0	0	0
43	********	********	3	1	0	0	0
44	********	********	0	1	1	0	0
45	********	********	4	0	0	0	0
46	********	********	0	0	0	0	0
47	********	********	4	0	0	0	0
48	********	********	0	0	0	0	0
49	********	********	4	1	0	0	0
50	********	********	4	1	0	0	0
51	********	********	3	1	0	0	0
52	********	********	3	0	0	0	0
53	********	********	3	1	0	0	0
54	********	********	3	0	0	0	0
55	********	********	3	1	0	0	0
56	********	********	2	0	0	0	0
57	********	********	0	1	0	0	0
58	********	********	3	0	0	0	0
59	********	********	2	1	0	0	0
60	********	********	0	0	0	0	0
61	********	********	3	0	0	0	0
62	********	********	0	1	0	0	0
63	********	********	5	0	0	0	0
64	********	********	0	1	0	0	0
65	********	********	3	1	0	0	0
66	********	********	4	0	0	0	0
67	********	********	0	1	0	0	0
68	********	********	3	1	0	0	0
69	********	********	3	1	0	0	0
70	********	********	4	1	1	0	0
71	********	********	0	0	0	0	0
72	********	********	0	1	0	0	0
73	********	********	4	1	0	0	0
74	********	********	2	0	0	0	0
75	********	********	4	1	0	0	0
76	********	********	3	0	0	0	0
77	********	********	3	1	0	0	0
78	********	********	0	1	0	0	0
79	********	********	4	1	1	0	0
80	********	********	0	0	0	0	0
81	********	********	3	1	0	0	0

	uplimb	lowlimb	barthel	campreop	mms	csi	diabetes	hyperten	chf
42	0	0	100	0	28	0	0	0	0
43	0	0	95	0	26	0	0	1	0
44	1	0	95	0	26	0	1	1	0
45	0	0	80	0	23	0	1	1	0
46	0	0	90	0	28	0	1	1	0
47	0	0	90	0	26	0	1	1	0
48	0	0	90	0	26	0	0	1	0
49	0	0	90	0	26	0	0	1	0
50	0	0	85	0	23	1	0	0	0
51	0	0	85	1	22	0	1	0	0
52	0	0	80	0	20	1	0	1	0
53	0	0	90	0	27	0	1	0	0
54	0	0	95	0	25	0	1	0	0
55	0	0	75	0	20	1	0	0	0
56	0	0	95	0	28	0	0	0	0
57	0	0	90	0	26	0	0	1	0
58	0	0	85	0	22	0	0	0	0
59	0	0	80	0	24	0	0	0	0
60	0	0	95	0	26	0	1	1	0
61	0	0	85	0	24	0	0	0	0
62	0	0	90	0	24	0	1	1	0
63	0	0	90	0	23	0	0	1	0
64	0	0	90	0	24	0	1	1	0
65	0	0	95	0	26	0	0	0	0
66	0	0	90	0	26	0	0	1	0
67	0	0	85	1	16	1	1	1	0
68	0	0	85	0	24	0	0	0	0
69	0	0	95	0	25	0	0	0	0
70	1	0	90	0	23	0	0	0	0
71	0	0	100	0	25	0	0	0	0
72	0	0	80	0	26	0	0	1	0
73	0	0	85	0	24	0	1	1	0
74	0	0	95	0	27	0	1	0	0
75	0	0	90	0	25	0	0	1	0
76	0	0	80	0	25	0	0	0	0
77	0	0	90	0	24	0	0	1	0
78	0	0	85	0	22	0	1	1	0
79	1	0	80	1	16	1	1	1	0
80	0	0	65	0	19	1	0	1	0
81	0	0	85	0	25	0	0	0	0

	ihd	hartbloc	valve	pvd	arf	crf	bph
42	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0
44	1	0	0	0	0	0	0
45	0	0	0	0	0	0	0
46	0	1	0	0	0	0	0
47	1	0	0	0	0	0	0
48	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0
51	0	0	0	0	0	0	0
52	1	0	0	0	0	0	0
53	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0
55	0	0	0	0	0	0	0
56	0	0	0	0	0	0	0
57	0	0	0	0	0	0	0
58	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0
60	1	0	0	0	0	0	0
61	0	0	0	0	0	0	0
62	0	0	0	0	0	1	0
63	1	0	0	0	0	1	0
64	0	0	0	0	0	0	0
65	0	0	0	1	0	0	0
66	1	0	0	0	0	0	0
67	1	0	0	0	0	0	1
68	0	0	1	0	0	0	0
69	1	0	0	0	0	0	0
70	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0
72	0	0	0	0	0	0	0
73	0	0	0	0	0	0	0
74	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0
77	0	0	0	0	0	0	0
78	0	0	0	0	0	0	0
79	0	0	0	0	0	0	0
80	0	0	0	0	0	0	0
81	0	0	0	0	0	0	0

	copd	asthma	cva	parkins	lri	uti	woundinf
42	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0
44	0	0	0	0	0	0	0
45	0	0	1	0	0	0	0
46	0	1	0	0	0	0	0
47	0	0	0	0	0	0	0
48	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0
51	0	0	0	0	0	0	0
52	0	0	0	0	0	0	0
53	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0
55	0	0	0	0	0	0	0
56	0	0	0	0	0	0	0
57	0	0	0	0	0	0	0
58	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0
60	0	0	0	0	0	0	0
61	0	1	0	0	0	0	0
62	0	0	0	0	0	0	0
63	0	0	0	0	0	0	0
64	0	0	0	0	0	0	0
65	1	0	0	0	0	0	0
66	0	0	0	0	0	0	0
67	0	0	0	0	0	0	0
68	0	0	0	0	0	0	0
69	1	0	0	0	0	0	0
70	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0
72	0	0	0	0	0	0	0
73	0	0	0	0	0	0	0
74	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0
77	0	0	0	0	0	0	0
78	0	0	0	0	0	0	0
79	0	0	1	0	0	0	0
80	0	0	1	0	0	0	0
81	0	0	0	0	0	0	0

	depress	visual	auditory	malignan	disabili	hypothyr	dvt
42	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0
44	0	0	0	0	0	0	0
45	0	0	0	0	0	0	0
46	0	0	0	0	0	0	0
47	0	1	0	0	0	0	0
48	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0
50	0	1	0	0	1	0	0
51	0	0	0	0	0	0	0
52	0	1	0	0	0	0	0
53	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0
55	0	1	0	0	0	0	0
56	0	0	0	0	0	0	0
57	0	0	0	0	0	0	0
58	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0
60	0	0	0	0	0	0	0
61	0	0	0	0	0	0	0
62	0	0	0	0	0	0	0
63	0	0	0	0	0	0	0
64	0	1	0	0	0	0	0
65	0	0	0	0	0	0	0
66	0	1	0	0	0	0	0
67	0	1	0	0	0	0	0
68	0	0	0	0	0	0	0
69	0	0	0	0	0	0	0
70	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0
72	0	0	0	0	0	0	0
73	0	0	0	1	0	0	0
74	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0
76	0	1	0	0	0	0	0
77	0	0	0	0	0	0	0
78	0	0	0	0	0	1	0
79	0	1	0	0	0	0	0
80	0	1	0	0	0	0	0
81	0	0	0	0	0	0	0

	paget	alcohol	smoker	glib	glim	glip	metfor
42	0	1	0	0	0	0	0
43	0	0	0	0	0	0	0
44	0	0	0	1	0	0	0
45	0	0	0	1	0	0	0
46	0	0	0	1	0	0	1
47	0	0	0	1	0	0	1
48	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0
51	0	0	0	1	0	0	0
52	0	0	0	0	0	0	0
53	0	0	1	0	0	1	0
54	0	0	0	0	1	0	1
55	0	0	0	0	0	0	0
56	0	0	1	0	0	0	0
57	0	0	1	0	0	0	0
58	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0
60	0	0	0	0	0	0	0
61	0	0	0	0	0	0	0
62	0	0	0	0	0	0	1
63	0	0	0	0	0	0	0
64	0	0	0	0	1	0	1
65	0	2	1	0	0	0	0
66	0	0	0	0	0	0	0
67	0	0	0	0	0	1	0
68	0	0	0	0	0	0	0
69	0	0	1	0	0	0	0
70	0	0	0	0	0	0	0
71	0	1	1	0	0	0	0
72	0	0	0	0	0	0	0
73	0	0	0	0	0	0	1
74	0	0	0	1	0	0	0
75	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0
77	1	0	0	0	0	0	0
78	0	0	0	0	0	1	0
79	0	0	0	1	0	0	1
80	0	0	0	0	0	0	0
81	0	0	0	0	0	0	0

	piog	insulin	atenolol	amlo	nifedip	ace	dilzem
42	0	0	0	0	0	0	0
43	0	0	1	1	0	0	0
44	0	0	1	0	0	0	0
45	0	0	0	0	1	0	0
46	0	0	1	0	0	0	0
47	0	0	0	0	0	1	0
48	0	0	0	1	0	0	0
49	0	0	1	0	1	0	0
50	0	0	0	0	0	0	0
51	0	0	0	0	0	0	0
52	0	0	0	0	0	1	0
53	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0
55	0	0	0	0	0	0	0
56	0	0	0	0	0	0	0
57	0	0	0	0	0	0	0
58	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0
60	0	0	1	1	0	1	0
61	0	0	0	0	0	0	0
62	0	0	0	0	0	1	0
63	0	0	1	0	0	0	1
64	0	0	0	0	0	1	0
65	0	0	0	0	0	0	0
66	0	0	0	0	1	0	0
67	0	1	0	0	0	1	0
68	0	0	0	0	0	0	0
69	0	0	0	1	0	0	0
70	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0
72	0	0	0	1	0	0	0
73	0	0	0	1	0	1	0
74	0	0	0	0	0	0	0
75	0	0	0	1	0	0	0
76	0	0	0	0	0	0	0
77	0	0	0	0	0	0	0
78	0	0	0	0	0	1	0
79	0	0	1	0	0	0	0
80	0	0	1	0	0	0	0
81	0	0	0	0	0	0	0

	nitrate	nsaid	antipsy	sedative	antidep	antihist	anticoag
42	0	0	0	0	0	0	0
43	0	0	0	0	0	0	0
44	1	0	0	0	0	0	0
45	0	0	0	0	0	0	0
46	1	0	0	0	0	0	0
47	1	0	0	0	0	0	0
48	0	0	0	0	0	0	0
49	0	0	0	0	0	0	0
50	0	0	0	0	0	0	0
51	0	0	0	0	0	0	0
52	1	0	0	0	0	0	0
53	0	0	0	0	0	0	0
54	0	0	0	0	0	0	0
55	0	0	0	0	0	0	0
56	0	0	0	0	0	0	0
57	0	0	0	0	0	0	0
58	0	0	0	0	0	0	0
59	0	0	0	0	0	0	0
60	1	0	0	0	0	0	0
61	0	0	0	0	0	0	0
62	0	0	1	0	0	0	0
63	0	0	0	0	0	0	0
64	0	0	0	0	0	0	0
65	0	0	0	0	0	0	0
66	0	0	0	0	0	0	0
67	1	0	0	0	0	0	0
68	0	0	0	0	0	0	0
69	0	0	0	0	0	0	0
70	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0
72	0	0	0	0	0	0	0
73	0	0	0	0	0	0	0
74	0	0	0	0	0	0	0
75	0	0	0	0	0	0	0
76	0	0	0	0	0	0	0
77	0	0	0	0	0	0	0
78	0	0	0	0	0	0	0
79	0	0	0	0	1	0	0
80	0	0	0	0	0	0	0
81	0	0	0	0	0	0	0

	ecospr	rt	frachow	timefrac	treatgiv	treatout	timesurg
42	0	0	0	2	2	2	2.0
43	0	0	0	21	2	2	2.0
44	1	0	0	2	2	2	7.0
45	0	0	0	7	2	2	2.0
46	1	0	0	150	2	2	1.0
47	0	0	0	2	2	2	1.0
48	0	0	0	4	0	0	2.0
49	0	0	0	5	0	0	2.0
50	0	0	0	1	0	0	2.0
51	0	0	0	4	2	2	1.0
52	1	0	0	1	0	0	4.0
53	0	0	0	3	2	2	1.0
54	0	0	0	1	0	0	4.0
55	0	0	0	3	0	0	2.0
56	0	0	1	2	0	0	1.0
57	0	0	0	10	2	2	1.0
58	0	0	0	7	1	2	2.0
59	0	0	0	1	2	2	1.0
60	0	0	0	6	1	1	4.0
61	0	0	0	1	0	0	3.0
62	0	0	0	8	2	2	4.0
63	0	0	0	1	0	0	4.0
64	0	0	0	1	2	2	7.0
65	0	0	0	2	1	1	3.0
66	1	0	0	1	0	0	2.0
67	1	0	0	1	2	2	2.0
68	0	0	0	6	1	2	1.0
69	0	0	0	4	2	2	5.0
70	0	0	0	1	0	0	1.0
71	0	0	1	20	1	1	1.0
72	0	0	0	3	0	0	4.0
73	0	0	0	2	2	2	1.0
74	0	0	0	3	2	2	1.0
75	0	0	0	2	2	2	3.0
76	0	0	0	2	1	1	1.0
77	0	0	0	1	0	0	3.0
78	0	0	0	3	2	2	1.0
79	0	0	0	1	2	2	2.0
80	0	0	0	4	2	2	6.0
81	0	0	0	1	2	2	2.0

	typesurg	emergen	asaclass	anaesth	intrhypo	intrhr	intrhypx	icu
42	1	0	2	2	0	0	0	0
43	2	0	2	2	0	0	0	0
44	4	0	3	2	0	0	0	0
45	1	0	2	1	0	0	0	0
46	3	0	3	1	0	0	0	0
47	1	0	3	2	0	0	0	0
48	3	0	2	2	0	0	0	0
49	1	0	2	1	0	0	0	0
50	1	0	2	2	0	0	0	0
51	1	0	2	1	0	0	0	0
52	1	0	3	1	0	0	0	0
53	1	0	2	1	0	0	0	0
54	1	0	2	2	0	0	0	0
55	1	0	2	2	0	0	0	0
56	1	1	2	2	0	0	0	0
57	2	0	2	2	0	0	0	0
58	2	0	2	1	0	0	0	0
59	1	0	2	1	0	0	0	0
60	2	0	2	1	0	0	0	0
61	1	0	2	2	0	0	0	0
62	2	0	2	2	0	0	0	0
63	1	0	3	1	0	0	0	0
64	3	0	2	1	0	0	0	0
65	1	0	2	2	0	0	0	0
66	1	0	3	3	0	0	0	1
67	2	0	3	1	0	0	0	1
68	1	1	2	1	0	0	0	0
69	1	0	3	2	0	0	0	0
70	1	0	2	2	0	0	0	0
71	2	1	2	2	0	0	0	0
72	3	0	3	2	0	0	0	0
73	1	1	2	2	0	0	0	0
74	1	0	2	2	0	0	0	0
75	1	0	2	2	0	0	0	0
76	1	1	2	1	0	0	0	0
77	1	0	2	2	0	0	0	0
78	2	1	2	2	0	0	0	0
79	1	0	3	1	0	0	0	0
80	1	0	2	1	0	0	0	0
81	1	0	2	2	0	0	0	0

	analgesi	postdvt	postcoag	cam24	sbp24	dbp24	post24hr
42	1	0	0	0	130	80	88
43	1	0	0	0	130	80	80
44	1	0	0	0	130	80	84
45	1	0	0	0	150	80	88
46	1	0	0	0	130	80	70
47	1	0	0	0	150	80	100
48	1	0	0	0	140	90	80
49	1	0	0	0	130	90	80
50	1	0	0	1	100	60	104
51	1	0	0	0	110	70	80
52	1	0	0	1	110	70	92
53	1	0	0	0	130	80	80
54	1	0	0	0	110	70	92
55	1	0	0	0	130	90	96
56	1	0	0	0	130	90	84
57	1	0	0	0	180	80	90
58	1	0	0	0	120	70	84
59	1	0	0	0	120	90	90
60	1	0	0	1	180	90	110
61	1	0	0	0	140	80	84
62	1	0	0	1	170	80	92
63	2	0	0	0	150	70	92
64	1	0	0	0	140	90	92
65	1	0	0	0	120	70	90
66	2	0	1	0	160	90	80
67	1	0	0	2	140	110	112
68	1	0	0	0	120	70	80
69	1	0	0	0	140	90	80
70	1	0	0	0	130	80	80
71	1	0	0	0	140	80	84
72	2	0	0	0	130	90	90
73	1	0	0	0	140	80	84
74	1	0	0	0	130	80	80
75	1	0	0	0	130	80	84
76	1	0	0	0	100	70	90
77	1	0	0	0	130	80	84
78	1	0	0	0	130	70	100
79	1	0	0	1	130	80	92
80	1	0	0	1	170	90	76
81	1	0	0	0	130	70	92

	post24rr	urine24	fever24	cam48	sbp48	dbp48	post48hr	post48rr	fever48
42	20	0	0	0	140	80	92	24	0
43	16	0	0	0	140	80	84	16	0
44	20	0	0	0	140	90	92	24	0
45	20	0	0	0	130	80	92	20	0
46	24	0	0	0	140	80	70	20	0
47	20	0	0	0	160	80	110	24	0
48	16	0	0	0	150	90	70	16	0
49	24	0	0	0	140	100	88	20	0
50	26	0	0	0	110	70	92	20	0
51	24	0	0	0	120	60	92	24	0
52	24	0	1	2	130	70	96	24	0
53	20	0	0	0	110	70	80	20	0
54	16	0	0	0	110	70	92	16	0
55	20	0	0	0	140	90	92	20	0
56	16	0	0	0	140	80	88	18	0
57	16	0	0	0	160	80	90	16	0
58	16	0	0	0	170	80	80	16	0
59	16	0	0	0	130	90	84	20	0
60	20	0	0	0	140	90	88	20	0
61	20	0	0	0	140	80	90	16	0
62	24	0	1	1	160	100	100	24	1
63	20	0	0	1	140	100	100	20	0
64	16	0	0	0	120	70	80	16	0
65	20	0	0	0	130	70	84	16	0
66	20	0	0	0	130	90	88	20	0
67	30	0	0	2	160	108	28	28	0
68	16	0	0	0	110	80	84	16	0
69	26	0	0	0	170	80	72	28	0
70	20	0	0	0	140	80	80	16	0
71	20	0	0	0	130	80	80	20	0
72	20	0	0	0	130	80	84	16	0
73	20	0	0	0	130	80	80	16	0
74	20	0	0	0	140	80	92	20	0
75	16	0	0	0	120	70	100	20	1
76	24	0	0	0	110	80	100	24	0
77	24	0	0	0	140	80	88	24	0
78	20	0	0	0	130	70	96	16	0
79	20	0	0	2	170	80	90	24	0
80	24	0	0	1	130	90	72	24	0
81	20	0	0	0	140	80	100	20	0

	urine48	proppcv	postpcv	sugar	creat	sodium	potasium	totcount	chexray
42	0	43.2	34.9	.	.	.	.	.	.
43	0	38.6	27.3	.	.	.	.	.	.
44	0	36.0	28.4	.	.	.	.	.	.
45	0	25.0	24.6	.	.	.	.	.	.
46	0	34.0	28.1	.	.	.	.	.	.
47	0	29.4	30.5	.	.	.	.	.	.
48	0	36.5	31.3	.	.	.	.	.	.
49	0	35.0	27.3	.	.	.	.	.	.
50	0	28.5	27.5	100	1.1	131	4.3	.	0
51	0	19.5	20.4	.	.	.	.	.	.
52	0	17.7	27.8	120	1.5	127	5.3	10800	0
53	0	39.6	24.8	.	.	.	.	.	.
54	0	34.0	27.0	.	.	.	.	.	.
55	0	21.4	20.5	.	.	.	.	.	.
56	0	35.1	25.5	.	.	.	.	.	.
57	0	36.0	27.5	.	.	.	.	.	.
58	0	36.9	32.0	.	.	.	.	.	.
59	0	33.0	21.4	.	.	.	.	.	.
60	0	30.0	22.9	40	1.1	134	4.4	8100	0
61	0	19.1	20.3	.	.	.	.	.	.
62	0	24.0	23.4	117	2.0	134	4.5	11000	0
63	0	17.7	27.8	176	1.5	128	3.4	.	0
64	0	36.6	24.3	.	.	.	.	.	.
65	0	28.8	26.8	.	.	.	.	.	.
66	0	30.6	20.1	.	.	.	.	.	.
67	0	38.0	24.9	250	1.3	118	5.8	16900	2
68	0	33.8	26.3	.	.	.	.	.	.
69	0	25.9	31.2	.	.	.	.	.	.
70	0	30.0	23.3	.	.	.	.	.	.
71	0	36.2	30.7	.	.	.	.	.	.
72	0	31.1	25.1	.	.	.	.	.	.
73	0	31.0	26.5	.	.	.	.	.	.
74	0	30.2	24.4	.	.	.	.	.	.
75	0	35.5	23.9	.	.	.	.	.	.
76	0	36.0	32.9	.	.	.	.	.	.
77	0	27.6	21.7	.	.	.	.	.	.
78	0	31.0	29.2	.	.	.	.	.	.
79	0	31.0	26.7	130	.8	130	3.9	8900	0
80	0	29.0	27.1	129	.8	132	3.2	9500	0
81	0	22.2	27.2	.	.	.	.	.	.

	abgph	abgo2	abgco2	abghco3	abgbase	abgsao2	del72	delhypna	deldehyd
42	.	.	.	.	.	.	0	.	.
43	.	.	.	.	.	.	0	.	.
44	.	.	.	.	.	.	0	.	.
45	.	.	.	.	.	.	0	.	.
46	.	.	.	.	.	.	0	.	.
47	.	.	.	.	.	.	0	.	.
48	.	.	.	.	.	.	0	.	.
49	.	.	.	.	.	.	0	.	.
50	.	.	.	.	.	.	0	.	.
51	.	.	.	.	.	.	0	.	.
52	.	.	.	.	.	.	0	1	0
53	.	.	.	.	.	.	0	.	.
54	.	.	.	.	.	.	0	.	.
55	.	.	.	.	.	.	0	.	.
56	.	.	.	.	.	.	0	.	.
57	.	.	.	.	.	.	0	.	.
58	.	.	.	.	.	.	0	.	.
59	.	.	.	.	.	.	0	.	.
60	.	.	.	.	.	.	0	0	0
61	.	.	.	.	.	.	0	.	.
62	.	.	.	.	.	.	0	0	1
63	.	.	.	.	.	.	0	1	0
64	.	.	.	.	.	.	0	.	.
65	.	.	.	.	.	.	0	.	.
66	.	.	.	.	.	.	0	.	.
67	7.12	260	25	8	-21	100	0	1	0
68	.	.	.	.	.	.	0	.	.
69	.	.	.	.	.	.	0	.	.
70	.	.	.	.	.	.	0	.	.
71	.	.	.	.	.	.	0	.	.
72	.	.	.	.	.	.	0	.	.
73	.	.	.	.	.	.	0	.	.
74	.	.	.	.	.	.	0	.	.
75	.	.	.	.	.	.	0	.	.
76	.	.	.	.	.	.	0	.	.
77	.	.	.	.	.	.	0	.	.
78	.	.	.	.	.	.	0	.	.
79	.	.	.	.	.	.	0	0	0
80	.	.	.	.	.	.	0	0	1
81	.	.	.	.	.	.	0	.	.

	delrf	delresf	dellri	deluti	delwinf	delhygly	delfebri	delhyten
42	.	.	.	.	.	.	.	.
43	.	.	.	.	.	.	.	.
44	.	.	.	.	.	.	.	.
45	.	.	.	.	.	.	.	.
46	.	.	.	.	.	.	.	.
47	.	.	.	.	.	.	.	.
48	.	.	.	.	.	.	.	.
49	.	.	.	.	.	.	.	.
50	.	.	.	.	.	.	.	.
51	.	.	.	.	.	.	.	.
52	0	0	0	0	0	0	0	0
53	.	.	.	.	.	.	.	.
54	.	.	.	.	.	.	.	.
55	.	.	.	.	.	.	.	.
56	.	.	.	.	.	.	.	.
57	.	.	.	.	.	.	.	.
58	.	.	.	.	.	.	.	.
59	.	.	.	.	.	.	.	.
60	0	0	0	0	0	1	0	0
61	.	.	.	.	.	.	.	.
62	1	0	0	0	0	0	1	0
63	1	0	0	0	0	0	0	0
64	.	.	.	.	.	.	.	.
65	.	.	.	.	.	.	.	.
66	.	.	.	.	.	.	.	.
67	1	1	1	0	0	0	0	0
68	.	.	.	.	.	.	.	.
69	.	.	.	.	.	.	.	.
70	.	.	.	.	.	.	.	.
71	.	.	.	.	.	.	.	.
72	.	.	.	.	.	.	.	.
73	.	.	.	.	.	.	.	.
74	.	.	.	.	.	.	.	.
75	.	.	.	.	.	.	.	.
76	.	.	.	.	.	.	.	.
77	.	.	.	.	.	.	.	.
78	.	.	.	.	.	.	.	.
79	0	0	0	0	0	0	0	0
80	0	0	0	0	0	0	0	0
81	.	.	.	.	.	.	.	.

	delcva	delpe	delihd	delnd	wound	ambulate	atdisch
42	.	.	.	.	0	4	1
43	.	.	.	.	0	4	1
44	.	.	.	.	0	4	1
45	.	.	.	.	0	5	1
46	.	.	.	.	0	4	1
47	.	.	.	.	0	5	1
48	.	.	.	.	0	4	1
49	.	.	.	.	0	5	1
50	.	.	.	1	0	4	1
51	.	.	.	.	0	4	1
52	0	0	0	0	0	4	1
53	.	.	.	.	0	4	1
54	.	.	.	.	0	4	1
55	.	.	.	.	0	4	1
56	.	.	.	.	0	4	1
57	.	.	.	.	0	4	1
58	.	.	.	.	0	4	1
59	.	.	.	.	0	5	1
60	0	0	0	0	0	5	1
61	.	.	.	.	0	5	1
62	0	0	0	0	0	5	1
63	0	0	0	0	0	4	1
64	.	.	.	.	0	4	1
65	.	.	.	.	0	4	1
66	.	.	.	.	0	4	1
67	0	0	0	0	0	1	3
68	.	.	.	.	0	5	1
69	.	.	.	.	0	4	1
70	.	.	.	.	0	4	1
71	.	.	.	.	0	3	1
72	.	.	.	.	0	4	1
73	.	.	.	.	0	4	1
74	.	.	.	.	0	5	1
75	.	.	.	.	0	5	1
76	.	.	.	.	0	4	1
77	.	.	.	.	0	4	1
78	.	.	.	.	0	4	1
79	0	0	0	1	0	4	1
80	0	0	0	0	0	3	1
81	.	.	.	.	0	3	1

	admidur	droppcv	alldelir	fractype	inittrea	inittre2	inittre3
42	14.00	8.30	0	1	0	2	1
43	7.00	11.30	0	1	0	2	1
44	17.00	7.60	0	0	0	2	1
45	6.00	.40	0	1	0	2	1
46	12.00	5.90	0	0	0	2	1
47	6.00	-1.10	0	1	0	2	1
48	15.00	5.20	0	0	0	0	0
49	6.00	7.70	0	1	0	0	0
50	6.00	1.00	1	1	0	0	0
51	9.00	-.90	0	1	0	2	1
52	13.00	-10.10	1	1	0	0	0
53	4.00	14.80	0	1	0	2	1
54	8.00	7.00	0	1	0	0	0
55	5.00	.90	0	1	0	0	0
56	5.00	9.60	0	1	0	0	0
57	6.00	8.50	0	0	0	2	1
58	7.00	4.90	0	1	1	0	1
59	7.00	11.60	0	1	0	2	1
60	9.00	7.10	1	0	1	0	1
61	7.00	-1.20	0	1	0	0	0
62	13.00	.60	1	0	0	2	1
63	11.00	-10.10	1	1	0	0	0
64	19.00	12.30	0	0	0	2	1
65	9.00	2.00	0	1	1	0	1
66	14.00	10.50	0	1	0	0	0
67	6.00	13.10	1	0	0	2	1
68	8.00	7.50	0	1	1	0	1
69	9.00	-5.30	0	1	0	2	1
70	8.00	6.70	0	1	0	0	0
71	2.00	5.50	0	0	1	0	1
72	12.00	6.00	0	0	0	0	0
73	7.00	4.50	0	1	0	2	1
74	4.00	5.80	0	1	0	2	1
75	14.00	11.60	0	1	0	2	1
76	6.00	3.10	0	1	1	0	1
77	7.00	5.90	0	1	0	0	0
78	5.00	1.80	0	0	0	2	1
79	12.00	4.30	1	1	0	2	1
80	12.00	1.90	1	0	0	2	1
81	23.00	-5.00	0	1	0	2	1

	trochfra	splint	notreat	treatpri	dhs	hemiarth	totalhip
42	1	0	1	2	1	0	0
43	1	0	1	2	0	2	0
44	0	0	1	2	0	0	1
45	1	0	1	2	1	0	0
46	0	0	1	2	0	0	1
47	1	0	1	2	1	0	0
48	0	0	0	0	0	0	1
49	1	0	0	0	1	0	0
50	1	0	0	0	1	0	0
51	1	0	1	2	1	0	0
52	1	0	0	0	1	0	0
53	1	0	1	2	1	0	0
54	1	0	0	0	1	0	0
55	1	0	0	0	1	0	0
56	0	0	0	0	1	0	0
57	0	0	1	2	0	2	0
58	1	0	1	2	0	2	0
59	0	0	1	2	1	0	0
60	0	1	1	0	0	2	0
61	1	0	0	0	1	0	0
62	0	0	1	2	0	2	0
63	1	0	0	0	1	0	0
64	0	0	1	2	0	0	1
65	1	1	1	0	1	0	0
66	1	0	0	0	1	0	0
67	0	0	1	2	0	2	0
68	1	0	1	2	1	0	0
69	1	0	1	2	1	0	0
70	1	0	0	0	1	0	0
71	0	1	1	0	0	2	0
72	0	0	0	0	0	0	1
73	1	0	1	2	1	0	0
74	0	0	1	2	1	0	0
75	1	0	1	2	1	0	0
76	1	1	1	0	1	0	0
77	1	0	0	0	1	0	0
78	0	0	1	2	0	2	0
79	1	0	1	2	1	0	0
80	0	0	1	2	1	0	0
81	1	0	1	2	1	0	0

	highasa	genanast	spinanas	fever	loambula	dmhtihd	dmht
42	0	0	2	0	0	0	0
43	0	0	2	0	0	0	0
44	1	0	2	0	0	1	1
45	0	1	0	0	0	0	1
46	1	1	0	0	0	0	1
47	1	0	2	0	0	1	1
48	0	0	2	0	0	0	0
49	0	1	0	0	0	0	0
50	0	0	2	0	0	0	0
51	0	1	0	0	0	0	0
52	1	1	0	1	0	0	0
53	0	1	0	0	0	0	0
54	0	0	2	0	0	0	0
55	0	0	2	0	0	0	0
56	0	0	2	0	0	0	0
57	0	0	2	0	0	0	0
58	0	1	0	0	0	0	0
59	0	1	0	0	0	0	0
60	0	1	0	0	0	1	1
61	0	0	2	0	0	0	0
62	0	0	2	1	0	0	1
63	1	1	0	0	0	0	0
64	0	1	0	0	0	0	1
65	0	0	2	0	0	0	0
66	1	0	0	0	0	0	0
67	1	1	0	0	1	1	1
68	0	1	0	0	0	0	0
69	1	0	2	0	0	0	0
70	0	0	2	0	0	0	0
71	0	0	2	0	1	0	0
72	1	0	2	0	0	0	0
73	0	0	2	0	0	0	1
74	0	0	2	0	0	0	0
75	0	0	2	0	0	0	0
76	0	1	0	0	0	0	0
77	0	0	2	0	0	0	0
78	0	0	2	0	0	0	1
79	1	1	0	0	0	0	1
80	0	1	0	0	1	0	0
81	0	0	2	0	1	0	0

	alcohol2	epidur	coaganti	prepcv30	prepcv25	surg3hr	surg230h
42	1	0	0	0	0	0	1
43	0	0	0	0	0	0	1
44	0	0	0	0	0	1	1
45	0	0	0	1	0	1	1
46	0	0	0	0	0	1	1
47	0	0	0	1	0	0	1
48	0	0	0	0	0	1	1
49	0	0	0	0	0	1	1
50	0	0	0	1	0	0	0
51	0	0	0	1	1	1	1
52	0	0	0	1	1	1	1
53	0	0	0	0	0	0	1
54	0	0	0	0	0	0	0
55	0	0	0	1	1	0	0
56	0	0	0	0	0	0	0
57	0	0	0	0	0	0	0
58	0	0	0	0	0	0	1
59	0	0	0	0	0	0	0
60	0	0	0	0	0	1	1
61	0	0	0	1	1	1	1
62	0	0	0	1	1	1	1
63	0	0	0	1	1	1	1
64	0	0	0	0	0	1	1
65	1	0	0	1	0	0	0
66	0	1	1	0	0	0	1
67	0	0	0	0	0	1	1
68	0	0	0	0	0	1	1
69	0	0	0	1	0	0	0
70	0	0	0	0	0	1	1
71	1	0	0	0	0	0	0
72	0	0	0	0	0	1	1
73	0	0	0	0	0	0	0
74	0	0	0	0	0	1	1
75	0	0	0	0	0	0	0
76	0	0	0	0	0	1	1
77	0	0	0	1	0	0	0
78	0	0	0	0	0	0	1
79	0	0	0	0	0	1	1
80	0	0	0	1	0	1	1
81	0	0	0	1	1	1	1

	durasurg	surdur	daytosu2	mmse20	mmse18	indegins	epi
42	2:30	3.00	1	0	0	0	0
43	2:30	2.00	0	0	0	0	0
44	3:30	7.00	1	0	0	0	0
45	3:30	2.00	0	0	0	0	0
46	3:30	1.00	0	0	0	0	0
47	2:30	.00	0	0	0	0	0
48	3:00	1.00	0	0	0	0	0
49	3:20	1.00	0	0	0	0	0
50	2:00	3.00	1	0	0	0	0
51	3:00	.00	0	0	0	0	0
52	3:00	4.00	1	0	0	0	0
53	2:30	1.00	0	0	0	0	0
54	2:00	3.00	1	0	0	0	0
55	2:15	1.00	0	0	0	0	0
56	2:15	.00	0	0	0	0	0
57	1:45	1.00	0	0	0	0	0
58	2:30	2.00	0	0	0	1	0
59	2:00	.00	0	0	0	0	0
60	3:30	4.00	1	0	0	1	0
61	3:00	3.00	1	0	0	0	0
62	3:45	5.00	1	0	0	0	0
63	4:00	4.00	1	0	0	0	0
64	3:20	7.00	1	0	0	0	0
65	2:15	3.00	1	0	0	1	0
66	2:30	2.00	0	0	0	0	1
67	4:00	3.00	1	1	1	0	0
68	3:00	1.00	0	0	0	1	0
69	2:15	5.00	1	0	0	0	0
70	3:00	1.00	0	0	0	0	0
71	1:45	.00	0	0	0	1	0
72	4:15	4.00	1	0	0	0	0
73	2:00	.00	0	0	0	0	0
74	3:00	1.00	0	0	0	0	0
75	2:15	3.00	1	0	0	0	0
76	3:00	1.00	0	0	0	1	0
77	2:00	2.00	0	0	0	0	0
78	2:30	1.00	0	0	0	0	0
79	4:30	2.00	0	1	1	0	0
80	3:00	6.00	1	1	0	0	0
81	3:00	2.00	0	0	0	0	0

	Name	Type	Width	Decimals	Label	Values
1	senumber	Numeric	3	0	serial number	None
2	name	String	30	0	patient name	None
3	hospnumb	String	7	0	hospital numb	None
4	age	Numeric	2	0	patient age	None
5	sex	Numeric	1	0	patient sex	{0, female}...
6	address	Numeric	1	0	address	{0, Lives in Ta
7	athome	Numeric	1	0	lives at home	{0, No}...
8	occupat	Numeric	1	0	does patient w	{0, no}...
9	doa	Date	8	0	date of admiss	None
10	dos	Date	8	0	date of surgery	None
11	dod	Date	8	0	date of dischar	None
12	typefrac	Numeric	1	0	type of fracture	{0, neck of fem
13	sidefrac	Numeric	1	0	side of fracture	{0, right side fr
14	assfrac	Numeric	1	0	associated fra	{0, No associat
15	headfrac	Numeric	8	0	head or neck fr	{0, no}...
16	spinefra	Numeric	1	0	spine fracture	{0, no}...
17	uplimb	Numeric	1	0	upper limb frac	{0, no}...
18	lowlimb	Numeric	1	0	lower limb fract	{0, no}...
19	barthel	Numeric	3	0	barthel index s	None
20	campreop	Numeric	1	0	preop CAM sc	{0, no delirium}
21	mmse	Numeric	2	0	preop MMSE s	None
22	csi	Numeric	1	0	CSI(D) dement	{0, no}...
23	diabetes	Numeric	1	0	comorbidity dia	{0, no}...
24	hyperten	Numeric	1	0	comorbidity hy	{0, no}...
25	chf	Numeric	1	0	comorbidity C	{0, no}...
26	ihd	Numeric	1	0	comorbidity IH	{0, no}...
27	hartbloc	Numeric	1	0	comorbidity he	{0, no}...
28	valve	Numeric	1	0	comorbidity val	{0, no}...
29	pvd	Numeric	1	0	comorbidity PV	{0, no}...
30	arf	Numeric	1	0	comorbidity A	{0, no}...
31	crf	Numeric	1	0	comorbidity C	{0, no}...
32	bph	Numeric	1	0	comorbidity BP	{0, no}...
33	copd	Numeric	1	0	comorbidity C	{0, no}...
34	asthma	Numeric	1	0	comorbidity As	{0, no}...
35	cva	Numeric	1	0	comorbidity C	{0, no}...
36	parkins	Numeric	8	0	comorbidity Pa	{0, no}...
37	lri	Numeric	1	0	comorbidity LR	{0, no}...
38	uti	Numeric	1	0	comorbidity UT	{0, no}...
39	woundinf	Numeric	1	0	comorbidity wo	{0, no}...
40	depress	Numeric	1	0	comorbidity de	{0, no}...
41	visual	Numeric	1	0	comorbidity vis	{0, no}...

	Missing	Columns	Align	Measure
1	None	4	Right	Ordinal
2	None	15	Left	Nominal
3	None	8	Left	Nominal
4	None	3	Right	Scale
5	None	3	Right	Nominal
6	None	3	Right	Nominal
7	None	8	Right	Nominal
8	None	8	Right	Nominal
9	None	8	Right	Scale
10	None	8	Right	Scale
11	None	8	Right	Scale
12	None	8	Right	Nominal
13	None	8	Right	Nominal
14	None	8	Right	Ordinal
15	None	8	Right	Nominal
16	None	8	Right	Nominal
17	None	8	Right	Nominal
18	None	8	Right	Nominal
19	None	8	Right	Scale
20	None	8	Right	Ordinal
21	None	4	Right	Scale
22	None	3	Right	Nominal
23	None	8	Right	Nominal
24	None	8	Right	Nominal
25	None	8	Right	Nominal
26	None	8	Right	Nominal
27	None	8	Right	Nominal
28	None	8	Right	Nominal
29	None	8	Right	Nominal
30	None	8	Right	Nominal
31	None	8	Right	Nominal
32	None	8	Right	Nominal
33	None	8	Right	Nominal
34	None	8	Right	Nominal
35	None	8	Right	Nominal
36	None	8	Right	Nominal
37	None	8	Right	Nominal
38	None	8	Right	Nominal
39	None	8	Right	Nominal
40	None	8	Right	Nominal
41	None	8	Right	Nominal

	Name	Type	Width	Decimals	Label	Values
42	auditory	Numeric	1	0	comorbidity au	{0, no}...
43	malignan	Numeric	1	0	comorbidity m	{0, no}...
44	disabili	Numeric	1	0	comorbidity art	{0, no}...
45	hypothyr	Numeric	1	0	comorbidity hy	{0, no}...
46	dvt	Numeric	1	0	comorbidity D	{0, no}...
47	paget	Numeric	1	0	comorbidity pa	{0, no}...
48	alcohol	Numeric	1	0	Alcohol consu	{0, no alcohol
49	smoker	Numeric	1	0	Smoker	{0, nonsmoker}
50	glib	Numeric	1	0	Drug OHA Gib	{0, no}...
51	glim	Numeric	1	0	Drug OHA Gli	{0, no}...
52	glip	Numeric	1	0	Drug OHA Glip	{0, no}...
53	metfor	Numeric	1	0	Drug OHA Met	{0, no}...
54	piog	Numeric	1	0	Drug OHA Pio	{0, no}...
55	insulin	Numeric	1	0	Drug Insulin	{0, no}...
56	atenolol	Numeric	1	0	Drug Antihyper	{0, no}...
57	amlo	Numeric	1	0	Drug Antihyper	{0, no}...
58	nifedip	Numeric	1	0	Drug Antihyper	{0, no}...
59	ace	Numeric	1	0	Drug Antihyper	{0, no}...
60	dilzem	Numeric	1	0	Drug Antihyper	{0, no}...
61	nitrate	Numeric	1	0	Drug Antihyper	{0, no}...
62	nsaid	Numeric	1	0	Drug NSAID	{0, no}...
63	antipsy	Numeric	1	0	Drug Antipsyc	{0, no}...
64	sedative	Numeric	1	0	Drug Sedative	{0, no}...
65	antidep	Numeric	1	0	Drug Antidepre	{0, no}...
66	antihist	Numeric	1	0	Drug Antihista	{0, no}...
67	anticoag	Numeric	1	0	Drug Anticoag	{0, no}...
68	ecospr	Numeric	1	0	Drug Aspirin	{0, no}...
69	rt	Numeric	1	0	Radiotherapy	{0, no}...
70	frachow	Numeric	1	0	How did fractur	{0, Trivial Fall}.
71	timefrac	Numeric	3	0	number of day	None
72	treatgiv	Numeric	1	0	Where treatme	{0, direct to C
73	treatout	Numeric	1	0	What treatmen	{0, no treatme
74	timesurg	Numeric	3	1	Days from ad	None
75	typesurg	Numeric	1	0	Type of surger	{1, Dynamic Hi
76	emergen	Numeric	1	0	Elective vs Em	{0, elective}...
77	asaclass	Numeric	1	0	ASA Class	{1, ASA 1}...
78	anaesth	Numeric	1	0	Type of Anaest	{1, General An
79	intrhypo	Numeric	1	0	Intraoperative	{0, no}...
80	intrhr	Numeric	1	0	Intraoperative	{0, normal hea
81	intrhypx	Numeric	1	0	Intraoperative	{0, no hypoxia}
82	icu	Numeric	1	0	Did patient req	{0, no}...

	Missing	Columns	Align	Measure
42	None	8	Right	Nominal
43	None	8	Right	Nominal
44	None	8	Right	Nominal
45	None	8	Right	Nominal
46	None	8	Right	Nominal
47	None	8	Right	Nominal
48	None	8	Right	Ordinal
49	None	8	Right	Nominal
50	None	8	Right	Nominal
51	None	8	Right	Nominal
52	None	8	Right	Nominal
53	None	8	Right	Nominal
54	None	8	Right	Nominal
55	None	8	Right	Nominal
56	None	8	Right	Nominal
57	None	8	Right	Nominal
58	None	8	Right	Nominal
59	None	8	Right	Nominal
60	None	8	Right	Nominal
61	None	8	Right	Nominal
62	None	8	Right	Nominal
63	None	8	Right	Nominal
64	None	8	Right	Nominal
65	None	8	Right	Nominal
66	None	8	Right	Nominal
67	None	8	Right	Nominal
68	None	8	Right	Nominal
69	None	8	Right	Nominal
70	None	8	Right	Nominal
71	None	8	Right	Scale
72	None	8	Right	Nominal
73	None	8	Right	Nominal
74	None	8	Right	Scale
75	None	8	Right	Nominal
76	None	8	Right	Nominal
77	None	8	Right	Ordinal
78	None	6	Right	Nominal
79	None	8	Right	Nominal
80	None	8	Right	Nominal
81	None	8	Right	Nominal
82	None	8	Right	Nominal

	Name	Type	Width	Decimals	Label	Values
83	analgesi	Numeric	1	0	Postoperative	{1, NSAIDS +
84	postdvt	Numeric	1	0	Post operative	{0, no}...
85	postcoag	Numeric	1	0	Post operative	{0, no anticoag
86	cam24	Numeric	1	0	Postop 24hour	{0, no delirium}
87	sbp24	Numeric	3	0	Postop 24hour	None
88	dbp24	Numeric	3	0	Postop 24hour	None
89	post24hr	Numeric	3	0	Postop 24hour	None
90	post24rr	Numeric	2	0	Postop 24hour	None
91	urine24	Numeric	1	0	Presence of oli	{0, no oliguria}.
92	fever24	Numeric	1	0	Postop 24hour	{0, no fever}...
93	cam48	Numeric	1	0	Postop 48hour	{0, no delirium}
94	sbp48	Numeric	3	0	Postop 48hour	None
95	dbp48	Numeric	3	0	Postop 48hour	None
96	post48hr	Numeric	3	0	Postop 48hour	None
97	post48rr	Numeric	2	0	Postop 48hour	None
98	fever48	Numeric	1	0	Postop 48hour	{0, no fever}...
99	urine48	Numeric	1	0	Postop 48hour	{0, no oliguria}.
100	proppcv	Numeric	4	1	Preoperative P	None
101	postpcv	Numeric	4	1	Postoperative	None
102	sugar	Numeric	3	0	Postop deliriu	None
103	creat	Numeric	3	1	Postop deliriu	None
104	sodium	Numeric	3	0	Postop deliriu	None
105	potasium	Numeric	2	1	Postop deliriu	None
106	totcount	Numeric	5	0	Postop deliriu	None
107	chexray	Numeric	1	0	Postop deliriu	{0, chest xray
108	abgph	Numeric	3	2	Postop deliriu	None
109	abgo2	Numeric	3	0	Postop deliriu	None
110	abgco2	Numeric	2	0	Postop deliriu	None
111	abghco3	Numeric	2	0	Postop deliriu	None
112	abgbase	Numeric	2	0	Postop deliriu	None
113	abgsao2	Numeric	2	0	Postop deliriu	None
114	del72	Numeric	1	0	Delirium after7	{0, no}...
115	delhypna	Numeric	1	0	Delirium cause	{0, no}...
116	deldehyd	Numeric	1	0	Delirium cause	{0, no}...
117	delrf	Numeric	1	0	Delirium cause	{0, no}...
118	delresf	Numeric	1	0	Delirium cause	{0, no}...
119	dellri	Numeric	1	0	Delirium cause	{0, no}...
120	deluti	Numeric	1	0	Delirium cause	{0, no}...
121	delwinf	Numeric	1	0	Delirium cause	{0, no}...
122	delhygly	Numeric	1	0	Delirium cause	{0, no}...
123	delfebri	Numeric	1	0	Delirium cause	{0, no}...

	Missing	Columns	Align	Measure
83	None	8	Right	Nominal
84	None	8	Right	Nominal
85	None	8	Right	Nominal
86	None	8	Right	Ordinal
87	None	8	Right	Scale
88	None	8	Right	Scale
89	None	8	Right	Scale
90	None	8	Right	Scale
91	None	8	Right	Nominal
92	None	8	Right	Nominal
93	None	5	Right	Ordinal
94	None	5	Right	Scale
95	None	5	Right	Scale
96	None	8	Right	Scale
97	None	8	Right	Scale
98	None	7	Right	Nominal
99	None	8	Right	Nominal
100	None	7	Right	Scale
101	None	7	Right	Scale
102	None	5	Right	Scale
103	None	5	Right	Scale
104	None	6	Right	Scale
105	None	8	Right	Scale
106	None	8	Right	Scale
107	None	8	Right	Nominal
108	None	5	Right	Scale
109	None	5	Right	Scale
110	None	8	Right	Scale
111	None	8	Right	Scale
112	None	8	Right	Scale
113	None	8	Right	Scale
114	None	5	Right	Nominal
115	None	8	Right	Nominal
116	None	8	Right	Nominal
117	None	8	Right	Nominal
118	None	8	Right	Nominal
119	None	6	Right	Nominal
120	None	8	Right	Nominal
121	None	8	Right	Nominal
122	None	8	Right	Nominal
123	None	8	Right	Nominal

	Name	Type	Width	Decimals	Label	Values
124	delhyten	Numeric	1	0	Delirium cause	{0, no}...
125	delcva	Numeric	1	0	Delirium cause	{0, no}...
126	delpe	Numeric	1	0	Delirium cause	None
127	delihd	Numeric	1	0	Delirium cause	{0, no}...
128	delnd	Numeric	1	0	Delirium cause	{0, no}...
129	wound	Numeric	1	0	Postop wound	{0, no}...
130	ambulate	Numeric	1	0	Ambulation at	{0, dead}...
131	atdisch	Numeric	1	0	Patient at disc	{1, RECOVER
132	admidur	Numeric	8	2		None
133	droppcv	Numeric	8	2		None
134	alldelir	Numeric	8	0	All delirium po	{0, no delirium
135	fractype	Numeric	8	0	NOF VS ITF	{0, NOF}...
136	inittrea	Numeric	8	0	initial treatmen	{0, cmch/cons
137	inittre2	Numeric	8	0	initial treatmen	{0, cmch/indeg
138	inittre3	Numeric	8	0	inital treatment	{0, cmch initial
139	trochfra	Numeric	8	0	trochantric frac	{0, all other fra
140	splint	Numeric	8	0	was a splint us	{0, no splint}...
141	notreat	Numeric	8	0	no treatment r	{0, no treatme
142	treatpri	Numeric	8	0	treatment recie	{0, no /splint}...
143	dhs	Numeric	8	0	DHS fixation	{0, rest of surg
144	hemiarth	Numeric	8	0	hemiarthroplas	{0, rest}...
145	totalhip	Numeric	8	0	total or bipolar	{0, rest}...
146	highasa	Numeric	8	0	high ASA clas	{0, rest}...
147	genanast	Numeric	8	0	general anaest	{0, rest}...
148	spinanas	Numeric	8	0	spinal anaesth	{0, rest}...
149	fever	Numeric	8	0	presence of fe	{0, no fever}...
150	loambula	Numeric	8	0	low abulation	{0, ambulate to
151	dmhtihd	Numeric	8	0	diabetes/hyper	{0, nil}...
152	dmht	Numeric	8	0	diabetes/hyper	{0, nil}...
153	alcohol2	Numeric	8	0		None
154	epidur	Numeric	8	0		None
155	coaganti	Numeric	8	0		None
156	prepcv30	Numeric	8	0		None
157	prepcv25	Numeric	8	0		None
158	surg3hr	Numeric	5	0		None
159	surg230h	Numeric	8	0		None
160	durasurg	Date	5	0	Duration of sur	None
161	surdur	Numeric	8	2		None
162	daytosu2	Numeric	8	0		None
163	mmse20	Numeric	8	0		None
164	mmse18	Numeric	8	0		None

	Missing	Columns	Align	Measure
124	None	8	Right	Nominal
125	None	8	Right	Nominal
126	None	8	Right	Nominal
127	None	8	Right	Nominal
128	None	8	Right	Nominal
129	None	8	Right	Nominal
130	None	8	Right	Ordinal
131	None	8	Right	Nominal
132	None	8	Right	Scale
133	None	8	Right	Scale
134	None	8	Right	Scale
135	None	8	Right	Scale
136	None	8	Right	Scale
137	None	8	Right	Scale
138	None	8	Right	Scale
139	None	8	Right	Scale
140	None	8	Right	Scale
141	None	8	Right	Scale
142	None	8	Right	Scale
143	None	8	Right	Scale
144	None	8	Right	Scale
145	None	8	Right	Scale
146	None	8	Right	Scale
147	None	8	Right	Scale
148	None	8	Right	Scale
149	None	8	Right	Scale
150	None	8	Right	Scale
151	None	8	Right	Scale
152	None	8	Right	Scale
153	None	8	Right	Scale
154	None	8	Right	Scale
155	None	8	Right	Scale
156	None	8	Right	Scale
157	None	8	Right	Scale
158	None	8	Right	Scale
159	None	8	Right	Scale
160	None	8	Right	Scale
161	None	8	Right	Scale
162	None	8	Right	Scale
163	None	8	Right	Scale
164	None	8	Right	Scale

	Name	Type	Width	Decimals	Label	Values
165	indegins	Numeric	8	0		None
166	epi	Numeric	8	0		None

	Missing	Columns	Align	Measure
165	None	8	Right	Scale
166	None	8	Right	Scale